ż

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	OF DEAT	Н			(3)
County		ALLEGAN	X	WITHIN COF	PORATE LIMITS Registration Dist. No.
Village of		CUMBERI			No. MEMORIAL HOSPITAL St., 6 -/ Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of a	residence in cit	y or town where	leeth occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL N	AME	JOHN	W. ALLE	N	
(a) Resid	lence: No	S. Mech	anic St	reet	St., Ward.  If nonresident give city or town and State
PERSO	DNAL ANI	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
MALE		OR RACE		RIED, WIDOWED, D (remite the word)	21. DATE OF DEATH
5a. If merried, wid HUSBAND o (or) WIFE of	f	rced			22. 1 HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRT	'H (month, day	, and year)	hout.	1894	I last saw all alive on Sury 20, 193 3 death is said
7. AGE	Years 39	Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 6:15P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follow.
Y9. Industry work SAW 10. Dato dec	of work done, a YER, BOOKKEEL Or business in was done, es S MILL, BANK, e eased last work ecupation (mon	which ILK MILL, tc	spar	ime (years) nt in this	Chronic Diffife Kappertie
12. BIRTHPLACE (State or o		MARYI	LAND		Other Contributory Canses of importance:
出 13. NAME	T	HOMAS S	. ALLEN		
	ACE (city or to e or country)	wn) MAF	RYLAND	- · ·	Name of operation Date of What test confirmed diagnosis Care Francisco Francisco Riberte an autopolitical Care Care Care Care Care Care Care Care
15. MAIDEN	NAME J	ANE WAI	KER		23. If death was due to external causes (VIOLENCE) fill In also the following:
6 16. BIRTHPL	ACE (city or too e or country)	wn) MAF	RYLAND		Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT MEMORIAL HOSPITAL					(Specify city or lown, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREA		EMOVAL		× 23,1933	Manner of injury
19. UNDERTAKER (Address)	211	- Mar	Poloi	7	24. Was disease or injury In any way related to occupation of deceesed?
20. FILED	y 221	9.33 G	dardey	Ty Mesa. Registrar.	(Signed) Clary M. (Address) Chumberland, M. (

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis .	3 days ago
	Other contributory causes of importance:	
May 1,1925	Gastroenterius	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related eauses of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Address)

RESERVED

MARGIN

(Address) Lumber and If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so specify

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Example I Example II The principal cause of death and related causes The principal cause of death and related eauses Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gostroenteritis 1 near

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0	4	7	0	2
-	_		-	

1. PLACE OF DEATH	107-00
County Allagany	Registration Dist. No.
Village or City Amarconine	7No
Length of residence in city or town where death occurred 4 yrs. 44	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mos
	30000
2. FULL NAME SUPPLES LUI HO	leaman
(a) Residence: No. (Usual place of abody)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE OR DIVORCED (with the word)	21. DATE OF DEATH  May  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
0 1 1616	7 VI ang 3, 1933 , to 1944 11, 195.3
6. DATE OF BIRTH (month, day, and year) fan. 6, 1919	I last saw have alive on way 115 , 19.33; death is seid
7. AGE Years Months Days If LESS that I day,	
14 1 2 ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Brosily Mussoner my 3'
Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) I haryland	
(State or country)	
13. NAME M. Glaman  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Colle Bearmany 16. BIRTHPLACE (city or town) Maryland (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[State or country]	Accident, suicide, or homicide?
17. INFORMANT MM Beamfan	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Fracting Ma	
Place Laurel Hell Cornet Lyong Hoffy 14, 19	Manner of Injury  Nature of injury
19. UNDERTAKER An. Coschlinin	24. Was disease or injury in any way related to occupation of deceased?\mathcal{Little} \mathcal{Little}
(Address) Cinconny, Ma	If so, specify
20 FILED 5/14 38 E. Don F-lown	(Signed) ) Lury In It deprom M. D.
Registrar.	(Address) Language ma.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1 8891 0 19/19	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

state IS A PERMANANT RECORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS should stated EXACTLY. properly classified. certificate. MARGIN RESERVED FOR WITH UNFADING INK-THIS AGE should be be TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.—WRITE PLAINL ż

BINDI

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs.  1 day,hrs.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
(Il death occurred in a horpital or institution, give its NAME instead of street and number of the profession or particular of the profession of the	
2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  For HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  1 day, hrs. or min.  1 last saw h alive on 1, 19  1 last saw h alive on 1, 19  1 to heve occurred on the date steted above, at 3  1 to heve occurred on the date steted above, at 3  1 to heve occurred on the date steted above, at 3  1 to heve occurred on the date steted above, at 3  1 to heve occurred on the date steted above, at 3  1 to heve occurred on the date steted above, at 3  1 to heve occurred on the date steted above, at 3  1 to heve occurred on the date steted above, at 3  1 to heve occurred on the date steted above, at 3  1 to heve occurred on the date steted above, at 3  1 to heve occurred on the date steted above, at 3  1 to heve occurred on the date steted above, at 3  1 to heve occurred on the date steted above, at 3  1 to heve occurred on the date steted above, at 3  1 to heve occurred on the date steted above, at 3  1 to heve occurred on the date steted above, at 3  2 and 1 day,  3 to heve occurred on the date steted above, at 3  1 to heve occurred on the date steted above, at 3  1 to heve occurred on the date steted above, at 3  1 to heve occurred on the date steted above, at 3  2 and 1 day,  3 to heve occurred on the date steted above, at 3  3 to heve occurred on the date steted above, at 3  4 to heve occurred on the date steted above, at 3  2 and 1 day,  3 to heve occurred on the date steted above, at 3  3 to heve occurred on the date steted above, at 3  4 to heve occurred on the date steted above, at 3  4 to heve occurred on the date steted above, at 3  4 to heve occurred on the date steted above, at 3  4 to heve occurred on the date steted above, at 3 .	Ward
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  Fa. If married, widowed, or divorced HUSBAND of (or) WIFE of  Condition of the date stated above, at 3 for the profession or particular  1 I last saw h alive on to heve occurred on the date stated above, at 3 for the profession or particular  1 The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ds.
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Fa. If married, widowad, or divorced HUSBAND of (Or) WIFE of (OR)	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowad, or divorced HUSBAND of (or) WiFE of Correct Or WiFE of Correct Or WiFE of Correct Or WiFE of Correct Or Wife Or Worth Or	ate
OR DIVORCED (write the word)  5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Correct  6. DATE OF BIRTH (month, day, and year) Section of Months  Days  1 LESS than 1 day,hrs. of Legs of DEATH and related causes of Importance were as follows:	
HUSBAND of (or) WIFE of Julia Petrce  6. DATE OF BIRTH (month, day, and year) Sec. 13-189/  7. AGE Years Months Days If LESS than 1 day,hrs. ormin.  1 last saw h alive on, 19, 19; 19	(Year)
6. DATE OF BIRTH (month, day, and year) Dec. 13 - 1891  7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	ceased from
7. AGE Years Months Days If LESS than to heve occurred on the date steted above, at 3 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	., 19
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	death is sald
8. Trede, profession, or particular kind of work done, es SPINNER, Staffey Sawyer, Bookkeleper, etc.  9. Industry or business in which work wes done, as SILK MILL, Paid Road Care.  SAW MILL BANK etc.	Date of onset
9. Industry or business in which work wes done, as SILK MILL, Raif Rose SAW MILL BANK etc.	
11. Total time (years) this occupation (month and year)  11. Total time (years) spent in this occupation  Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) 7 Memory (State or country) W. V.	
13. NAME Marian Benford	
14. BiRTHPLACE (city or town)  Name of operation  Otate of country)  What test confirmed disposes?  We there are out	
What test confirmed diagnosis! was there all aut	opsy? M. a
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  16. BIRTHPLACE (city or town)  Where did injury occur?  Where did injury occur?	., 1933
17. INFORMANT P. L. Bluford Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Address) Thomas W. Va.	Ε.
Piace Names Wa Date Mary 9, 19.33 Manner of Injury Crushed Reserved	
19. UNDERTAKER 1. 0. 1. 2 1116 24. Was disease or injury in any way related to occupation of deceased? 11 so, specify	0.
20. FILED May 8 , 193 E. Dry Gloring (Signed) Z. Dry Gor	M. D

STATE OF MADVI AND CEDTIFICATE OF DEATH

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ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—V

1. PLACE OF DEATH	CERTIFICATE OF BEATH
County allegany	Registration Dist. No.
Village or City Anachung (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME I sank 193il	<u>U</u>
(a) Residence: No. Linaching (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of . Mary Chagoner (Bill)	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 4, 1836 7. AGE Years Months Days If LESS than	I last saw h elive on, 19, 19; death is seld to have occurred on the date stated above, at
77 2 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. SawyER, BDOKKEEPER, etc. SawyER, BDOKKEEPER, etc. SawyER, BDOKKEEPER, etc. Saw MILL, BANK, etc. Saw MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and spend in this securation (month and spend in this sp	Cerebral Hemorrhage may 12
work was done, as SILK MILL, SAW MILL, BANK, etc.	about 5 Whole P.M!
10. Date deceased last worked et this occupation (month and year)  11. Total time (years)  spent in this occupation.	Dither Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Alasyland, (State or country)	
13. NAME Charles / Bell	
13. NAME Of arles Oll 14. BIRTHPLACE (city or town) Sermany (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Barbara Harmono	,23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Barrara Harmonio  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?
17. INFORMANT Mars Goodle Gelsen (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place CAR HULL Synetyyout May 15, 1933	Manner of injury
19. UNDERTAKER M. Cichhara (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 5/14 33 6 Don F forms Registrar.	(Signed) Henry M. Hodge M. D.  (Address) Language and

STATE OF MADVI AND CEPTIFICATE OF DEATH

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		The factor of the factor	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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MARGIN RESERVED FOR BINDI

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-V. S. No. 1

STATE OF MARYI  1. PLACE OF DEATH  —	AND—CERTIFICATE OF DEATH 04705
Village or City Tosthice	No. 25 Mosling St., Ward  (If death occurred in a horpital or institution, given NAME instead of street and number)
2. FULL NAME  (a) Residence: No. 25 Nos.  (Usual place of	St., Ward.  Joseph Mare Limits Of State  St., Ward.  Joseph Mare Limits Of State  Joseph Mare Limits Of
PERSONAL AND STATISTICAL PARTICL	JLARS MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIE OR DIVORCED (a	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Pitt	1816 may 6 1923, to may 18 1923
	I last saw h aliva on 19 3 ; death is sale to have occurred on the date stated above, at to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  11. Total tima spant ir occupation (month and year)	(years) ithis ion
12. BIRTHPLACE (city or town). (State or country)	Other Contributory Canses of importance:
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis Chinical Was there an autopsy?
15. MAIDEN NAME Sarah Clar 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Gilbert Bitting (Address)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Frostling Date May	Manner of injury  Nature of injury
19. UNDERTAKER (Address)  20. FILED  19. 3.3 OIR WO	24. Was disaase or injury In any way related to occupation of deceased? 370  If so, spacify  (Signed)  N. Hatku M.
	Registrar. (Address) Vocable V

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "inill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BIND TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04706
1. PLACE OF DEATH	
County Allegour	Registration Dist. No.
Village or City and atoms and	NoSt, Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. 17 of foreign birth?yrsmosds.
2. FULL NAME William & Bus	h.
(a) Residence: No. Qualantown Ind	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marry Kroll.	22.   HEREBY CERTIFY. That I attended deceased from 1938, to may 18, 1933
6. DATE OF BIRTH (month, day, end year) June 2 1857	right saw handlive on That 18 (1933; death is said
7. AGE Years Months Days I If LESS than	to have occurred on the date stated above, at 1/1
76 6 1 day,	The PRINCIPAL CAUSE OF DEATH and related cause of Importance were es follows:  □ Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	acute depticaemia 5/18/33
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	
year) occupation & Secupation	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town) Carey (Stete or country)	Chronic protatitis.
13. NAME Jot Longue	Cancerops "
14, BIRTHPLACE (city or town) Not business (State or country)	Name of operation Date of What test confirmed diagnosis? What test confirmed diagnosis?
15. MAIDEN NAME Not Known	23, If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Not Recovery  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Types Paurl & Guery. (Address) apring this	(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Date 1933	Manner of Injury
19. UNDERTAKER Jacob Hafer (Address) Frencher M.	24. Was disease er Injury In any way releted to occupation of deceased?
20. FILED 19 38 Q. P. Walker Registrar.	(Signed). (Address) Too thuy hd
If more blanks are needed address State Peristrar	24xx N. Charles Street Baltimore, Penuesting 71 S. No. 4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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E	xample I	en distribution	Example II	
The principal cause of dea of importance were as foll	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	million for R	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
1	STIPHAT			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BIND

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04707
1. PLACE OF DEATH	
County Helly.	Registration Dist. No.
Village or City Frontburg Mod.	No
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. it of foreign birth?yrsmos ds.
2. FULL NAME Thomas Count	bell
(a) Residence: No. 68 Wood St	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SHIGHEN MARRIED. WIDOWSD.	MEDICAL CERTIFICATE OF DEATH
Male White. OR-DIVORCED (write the word)	21. DATE OF DEATH may 27 (Year)
5e. If married, widowed, or divorced HUSBAND of Gory WIFE of Heusband of J- Welsch	22. HEREBY CERTIFY, That I allended doceased from
6. DATE OF BIRTH (month, dey, end year) Sout Marow.	I lest sew h alive on may 25 1933; deeth is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
. 59.   1 dey,hrs.   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Treda, profession, or particular kind of work dona, as SPINNER,	
kind of work dona as SPINNER, Coal Moiner SAWYER, BOOKKEEPER, atc	Carcinoma 1 Brostate
work wes dona, as SILK MILL, SAW MILL, BANK, etc	
10. Deto deceased lest worked et this occupation (month and year)	f4
latto o	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Coulombia	
13. NAME Thomas Toampbell	
14. BIRTHPLACE (city or town)	Name of operation
(Stete or country)	Whet test confirmed diagnosis? Tunding Wes there an eulopsy? No
15. MAIDEN NAME Gerryse Welsch	23. If death was due to axternal ceuses (VIOLENCE) filt in also the following:
16. BIRTHPLACE (city of town) Throstoning Noch : (Stete or country)	Accident, suicide, or homicida?0ate of injury19
Constitution of the second of	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Yours Wassificely	Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Pleca De Madralla Octo May 2 9, 1933	Nature of injury
19. UNDERTAKER JOCOV, Heafer (Address) Frostoury St.	24. Wes disease ar Injury in any way releted to occupetion of deceased?
20. FILED 5/28, 1938 Q. R. Marker. Registrar.	(Signed) Alk. Talker M. D.  (Address) Trostling Ind
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   RURE U V.	July 5,1927	Perilonilis	3 days ago
· · · · · · · · · · · · · · · · · · ·			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TANDAR TANDALIZADA	DI MULLI E UL	P. T. C. I.P. T. T.Y. T. T.Y.	DIAMETER	77 T	THEOLOGIAM

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BIND

MARGIN RESERVED

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURFAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	ļ		

ADDITIONAL SPACE FOR FURTH	IER STATEMENTS BY PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH /04709
1. PLACE OF DEATH	PORATE LIMITS (8)
County allegany	Registration Dist. No.
Village or City Celmberland	No. 310 Woodwall Care St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME Ilborn Cartel	
	St. Ward.
(a) Residence: No. 310 Worksuke (Wuaipiace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATHAY 4 1993
5a. If married, widowed, or divorced	(Month) (Ody) (Year)
HUSBAND of (or) WIFE of	22. MIHEREBY CERTIFY That I attended deceased from purey 4 1933
6. DATE OF BIRTH (month, day, and year) may 4/83	Hast saw h dead may 4 1950; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
2 mos. intraderine 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Oata of onest
SAWYER, BOOKKEEPER, etc.	abortion 1933
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town Comberland	
(State or country)	
13. NAME WM Meade Castell  14. BIRTHPLACE (city or town) Belford Valley	
14. BIRTHPLACE (city or town) Belford Fally	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jda Marie Bennell  16. BIRTHPLACE (city or town) Creller	23. if death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Criller	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURLAL, GREMATION, OR REMOVAL	Manner of injury
Place sunbeyland Pate 9-4 19 83	- Nature of injury
19. UNOERTAKER My Meante Casteel	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cumberland Tho	If so, specify
20. FILED Marf 4, 19 33 Kloruer N Neces	(Signed) M. O.  (Address) Cumble and M. O.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	A. C.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Land to the second seco				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BIND

FOR

MARGIN RESERVED

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURFACE.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

	OF MARYLAND-	CERTIFICATE OF DEATH 047	711
1. PLACE OF DEATH			
County Oligas	yelo	Registration Dist. No.	
Village or City	phat	No. St.,  If death occurred in a hospital or institution, give its NAME instead of street and nur	W.
Length of residence In city or town where		sds. How long in U.S. if of foreign birth?yrsmos.	
2. FULL NAME Man	Tin P. Carde		
(a) Residence: No.	Short min	St., Ward.	
	(Usual place of abode)	If nenresident give city or town and St	ate
PERSONAL AND STATIST	-	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	03.3
5e. If married, widowed, or divorced	married	(Month) (Dey)	(Year)
HUSBAND of	0 1.	1 HEREBY CERTIFY, Thet i attended de	ceased
Vulan	ordeal	(liney 4, 1333, to May 11	., 19\$
6. DATE OF BIRTH (month, day, end year)	mar 29-1895	I last saw h alive on Con and 1, 19 3 5;	deeth is
7. AGE Years Months	Days If LESS than 1 day,hrs	to heve occurred on the date stated above, atm.	
38 1	/ 2 ormin,	mare as sellame.	Date of o
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	0 1 m.		4
SAWYER, BOOKKEEPER, etc	sal Thereo	John freeman	no
B, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Sal Mines		
this occupation (month and	11. Total time (years) spent in this Z O		
year) may 15th 4	occupation	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town)	shart 2		
(State or country)	10 0°		
13. NAME Martin	se Jordeal		
14. BIRTHPLACE (city or town)	whhat he	Name of operation Dete of Dete of	
	B. +	What test confirmed diegnosis? Wes there en eu	opsy?
I mary	1100	23. If deeth was due to external causes (VIOLENCE) fill in also the following:	
O   16. BIRTHPLACE (city or town)	mon no	Accident, suicide, or homicide? Date of Injury  Where did injury occur?	, 19
m m 7.	10 1 n	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	 c
17. INFORMANT // Address)	1 th 2	opecity whether injury occurred in industrict, in nome, or in robert FLAG	L.
18. BURIAL, CREMATION, OR REMOVAL	nous med	Manner of Injury	
Place The streng	Date May 13, 1933	- Nature of injury	
19. UNDERTAKER 9. 9. 1	Dec 4	24. Wes disease or injury in any way related to occupation of deceased?	~
(Address)	other Ind	If so, specify	
5/18/	0 15 Walland	(Signed)	
20, FILED // 1933	de l'el faction	(organia)	- 6

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	*	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. NT RECORD. Every item of infor-MARGIN RESERVED FOR BINDIN N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMAN.

V. S. No. 1

1. PLACE OF DEATH WITHIN CORP	Registration Dist. No.
Williams or City	No. By Olky And Brush, Ward (If death occurred in a hospital organistitution, give its NAME instead of street and number)
	osds. How long in J. S. if of foreign birth?yrsmosds
2. FULL NAME Charles & Dames	
(a) Residence: No. 50 January (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH 2/ 1933 (Year)
a. If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That I attended daceased from
(or) WIFE of Julian	
DATE OF BIRTH (month, day, and year)	7 I last saw h alive on, 19; death is sai
. AGE Years Months Days It LESS than	to have occurred on the date stated above, at Aram.
44 — 20 Iday,hi ormin.	were as follows: Date of ones
sind of work done, as SPINNER, sawyer, BOOKKEEPER, etc.	Guarried Mil
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and spent in this	Sailroad Vrain
	probable - accident
yaar) occupation	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) (State or country)	
13. NAME Edgar Dames	
13. NAME A A A A A A A A A A A A A A A A A A	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Many Martin	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicida?
7. INFORMANT Allen Daniels	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Combaland.	•
18. BURIAL, CREMATION, OR REMOVAL Com Date Dany 73, 193	3. Nature of Injury
19. UNOERTAKER Lonis Stem Inc.	24. Was disease or injury in any way related to occupation of decaasad?
20. FILED gef 22, 1933 Dasney A Wen	Signed atual A. Clarin Karal M.

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BUREAU V.S.			
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STATE OF MARYLAND—CERTIFICATE OF DEATH WITHIN CORPORATE LIMITS 210-002 1. PLACE OF DEATH OCC plnode Registration Dist. No. County\_ Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth? .... Langth of residence in city or town where death occurred statement PHYSICIAN 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) arro (Day) (Year) 5a. If marriad, widowad, or divorcad HUSBAND of HEREBY CERTIFY. That I attended daceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Yaars If LESS than to have occurred on the date stated above, at Months Days \_\_\_min. Date of onset 8. Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc ... OCCUPAT may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, atc ..... 10. Date daceased last worked at 11. Total time (years)
spant in this this occupation (month end that year) occupation \_. instructions Othar Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) supplied terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (Steta or country) ully What tast confirmed diagnosis? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causas (VIDLENCE) fill in also the following: Accident, suicide, or homicide? \_ Cacident\_ Date of injury 5-2, -, 1933. DEATH 16. BIRTHPLACE (city or town Where did injury occur? oreas Combeland Allegary Co.

(Specify city or lown, county and State)

Specify whether Injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE. (State or country) plnods 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Outomobile Manner of Injury WRITE CAUSE Place Dans memorial Data May 6 mation Nature of injury LION 24. Was disaase or injury in any way ralated to occupation of deceased? 19. UNDERTAKER (Addrass) If so, specify (Signad) (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RESERVED

MARGIN

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		4	

NT RECORD. Every item of infor-FLY. PHYSICIANS should state carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDI WITH UNFADING INK-THIS IS A PERMA MARGIN RESERVED N. B.-WRITE PLAIN mation should b

V. S. No. 1

TION is very important. See instructions on back of certificate.

of OCCUPA.

STATE	OF	MARY	AND-	-CERTIF	<b>ICATE</b>	OF	DEATH
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1. PLACE OF DEATH	94716
County Allegany,	Registration Dist. No. O
Village or City And Afcusive Length of residence in city of town where death occurred 65	No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)  arsmosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Clinabeth aux	re Dixon
(a) Residence: No. O acuma (Usual place of abo	
PERSONAL AND STATISTICAL PARTICY	LARS MEDICAL CERTIFICATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Single	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Orthopen 12	2 1863   I last saw half alive on Dward 14 , 1933; death is sai
7. AGE Years Months Days	If LESS than to have occurred on the date stated above, at 7 3 0 4 m.  Iday,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	min. were as follows:  Date of onsol  Date of onsol
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	allanes currice republica May 1)
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)	this 2 K
(State or country)	
14. BIRTHPLACE (city or town) Scattor (State or country)	Name of operation Date of
15. MAIDEN NAME MANIMUM  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT & homas, Digar	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL  Place CARA ALL Cruelly Bate Hary.	Manner of injury  Nature of injury
19. UNDERTAKER Il 2 Sichhams (Addressy ) maching	24. Was disease or Injury in any way related to occupation of deceased? 24.
20. FILED 5/17/33 19 Z. Oon Tylor Novi	(Signed) What In 1 Hodger M. (Address) Subsciences M.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	OF MARILANDS	CENTIFICATE OF DEATH	04411
1. PLACE OF DEATH	Chy i	imite	4
County selega	57/	Registration Dist. No.	
Village or City	er/weed Mu	No	St.,
Length of residence in city, or town wi	nere death occurredm	osds. How long in U.S. if of foreign birth?yrs	mos
2. FULL NAME A 49	14 Ph Del	The - o	1 -
(a) Residence: No Laru	de	St., Ward. Lemberlan	ed 1
	(Usual place of abode) STICAL PARTICULARS	If nonresident give city or to	
3. SEX 4. COLOR OR RACE	5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Muse white	OR DIVORCED (write the word)	may 13	, 1933
5a. If married, widowed, or divorced	Thannied	(Day)	(Ye
HUSBAND of Mrs. Mat	ilda Duke	22. HEREBY CERTIFY That I at	tended dacaasad
	10/ 3 15 10	132 , (0	.22
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month	1864 3 - 27 - 18 Bays If LESS than	to have occurred on the data stated above, at 5:30/2 m.	9 9 ; death
19 1	/   1 day,hr		ca
_ 8. Trada, profession, or particular	ormin.	were as follows:	Trates
Lind of work done so CDINNED	Dalas mare	000000000000000000000000000000000000000	
SAWYER, BOOKKEEPER, etc			
work was done, as SILK MILL, SAW MILL, BANK, atc	11 Total time (veers)		
this occupation (month and year)	11. Total time (years) spent in this occupațion		
1	12 5 C	Other Contributory Causes of impostance:	19
12. BIRTHPLACE (city or town) (State or country)	acoreo O, O	(alsollers)	
13. NAME PORM 8.	Droke.		
14. BIRTHPLACE (city or town) S	his hear hura Pa.	Name of operation Roul Da	ata of
(Stata or country)		What test confirmed diagnosis Physical Gawas h	ara an autopsy?
15. MAIOEN NAME Elizaber	the Kearney	23. If death was due to external causes (VIOLENCE) fill in also the f	ollowing:
	u knows	Accident, suicide, or homicide? Data of injury.	, 19
(State or country)	D. 1	Where did injury occur? (Specify city or town, county	and State)
17. INFORMANT LIGAN V.	Dupe	Specify whether injury occurred in INOUSTRY, in HOME, or in PUB	LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	- land, Ma.	Manner of Injury	
Place Hore Hill	Date Muy 16, 1936		
D-01		24. Was disease or injury in any way related to occupation of decea	sed? Mo
19, UNDERTAKER (Address)	Julder ?	If so, specify	
on March 12 - 12 22	Harris Alla	(Signad) With Hodger	1-1-1-
20 PILEO 104 0, 19.33	Registrar.	(Address) Cumbarland	med.

MARGIN RESERVED FOR BINDI

V. S. No. 1

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### Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of emlepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

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FOR

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2.30			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Village or City Flintstone (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
2 FULL NAME Sill born	St.; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX  A COLOR OR RACE   5 SINGLE, SURRENCE OF BIXTHEE (WILDOWS)  B DATE OF BIRTH  B DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Day)  (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
may 21	that I last saw halive on, 192,
(Math) (Day) (Year)	and that death occurred on the date stated above, at
Stillborn I dayhrs.	The CAUSE OF DEATH 's was as follows:
ds. or  min. ?	Unknown
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs, mos. ds,
10 NAME OF FATHER CAMPER Kelly Flotales	(Signed) Af Turing M.D.
OF FAPTIER  (State or country)	Whate the Disease Causing Denth, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME THE LINE K Kniffenberg  13 BIRTHPLACE OF MOTHER  14 MAIDEN NAME  OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)  At place
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs Sa Eleteher	Former or usual residence
(Address) Filentatore	10 PLACE OF BURIAL OR REMOVAL   CATE OF BURIAL
Filed May 25 1933 A Sound Registrar	20 UNDERTAKER ADDRESS  Fred Bible Filitations
If more blanks one moded - dance Class To the	

(Approved by U. S. Consus and American Public Health Association.)

Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (rcstate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tlon applies to each and every person, Irrespective of fulness of various pursuits can be known. The quescupation is very Important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (R-commendations on statequences (e. g., scpsis, tctanus) may be stated under the ture of the lnjury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal scpticaemia," "Puerperal peritonitis," ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure," "Hacmor, symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Example: Measles (disease vulsions," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; (secondary or intercurrent) affection need not be inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Whooping ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," ctc.), cough; Chronic valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH should County Registration Dist. No. ltem, Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Langth of rasidence in city or town where death occurred. How long in U.S. if of foraign birth?\_\_\_\_\_\_yrs.\_\_\_\_mos. statement 2. FULL NAME RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) marrie (Day) classified. 5a. If marriad, widowed, or divorcad HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properl 7. AGE If LESS than Months Days to have occurred on the data stated above, at 1 day, ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Date of onset 8. Trade, profassion, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc. pe jo 9 Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc...... back may plnods 10. Date daceasad last worked at 11. Total time (years) this occupation (month and occupation ... instructions 12. BIRTHPLACE (city or town) (State or country supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis?\_\_\_\_\_ Was there an au'opsy?\_ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: i. Accident, suicida, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (Stata or country Whare did injury occur?. pe (Specify city or town, county and State) Specify whethar injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. 7. INFORMANT should OFF (Address) BURIAL, CREMATION, OR REMOVA Manner of injury WRITE CAUSE mation Date LION 24. Was disease or injury in any way ralated to occupation of deceased? 19. UNDERTAKER (Addrass) If so, spacify Ħ. 20, FILED. Registrar. (Aridress) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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The principal cause of death and related causes Date of onset of importance were as follows:		Example II		
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUREAU V	July 5,1927	Peritonitis	3 days ago
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH /	70	120
County allegany	Registration Dist. No.	
Village or City & pracyping	No. St., St., f death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where death occurred 20 /yrsmos	ds. How long in U.S. if of foreign birth?yrsmc	osds.
2. FULL NAME Jacob Hillets	w	
(a) Residence: No. A Constanting, No. (Usual place of abode)	1d St. Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR PLACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH may 6	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) -WIFE of Seah Duchworth (Setsus	The 198/ to May 6	deceased from
6. DATE OF BIRTH (month, day, and year) 200.3, 1877		; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.	
55 6 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Tabrite Paralysis!	6 Mg.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Exhausticks.	
10. Date deceased last worked at this occupation (month and 931 spent in this occupation 444)	as.	-
12. BIRTHPLACE (city or town) maryland	Other Contributory Causes of importance:	
(State or country)	Value Dorsalis	Feb 12/93
13. NAME Charles Getsin		
13. NAME Colored Setsin	Name of operation Date of	
(State of country) - accumany	What test confirmed diagnosis? Was thera an a	utopsy?
15. MAIDEN NAME Jaabelle Briffin	23. If death was due to external causes (VIOLENCE) fill in also the following	:
15. MAIDEN NAME Laabelle Briffine  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State	
17. INFORMANT Aus. Oah fillsen	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place (ak Hill ameley Date / May 8, 1933	- Nature of injury	
LA HADERTAKED JA & allelane	24. Was disease or injury In any way related to occupation of deceased?	us
19. UNDERTAKER A CLESCHSFAMM (Address) Language Med	If so, specify	
20, FILED May be 133 Elon Saylorund	(Signed) Z. Don Sarylon	M. D.
/ Registrar.	(Addrass)	49

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Example 1		E	xample II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dof importance were as for	leath and related causes bllows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	DOME 9 NOT	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	GENEDE	3 days ago
Other contributory causes of importance:		Other contributory cause	es of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

The state of

N. B.—WRICE PLAINEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDI

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CRATE LIMITE DE 04725
County ally new within conf	Registration Dist. No.
Village or City while and (If	No. 10 00 100 Manual Grand St., Ward death occurred in a hospital or institution, give its NAME (astead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Celega A Tross	
(a) Residence: No 60 8 Mashing to (Usual place of abode)	St., / Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  May  (Month)  (Oay)  (Year)
5a. If married, widowed, or diversed HUSBAND of (or) WHEE of The payment of the property of the payment of the	22. I HEREBY CERTIFY, That I attended deceased from
Comment of the contract of the	19 p, 10 p for 19
6. DATE OF BIRTH (month, day, and year) 200   849 7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 17.47 m.
84 4 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House duty.	my siting in than
kind of work done, as SPINNER, Jouse duly SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as Silk MILL, SAW MILL, BANK, etc.	free daad
O 10. Oate deceased last worked at this occupation (month and spent in this occupation coupation occupation this occupation the transfer of the transfer occupation the transfer occup	Organis Hert Deane
12. BIRTHPLACE (city or town) Frostburg (State or country)	Other Contributory Causes of Importance:
13. NAME Joseph Hartman 14. BIRTHPLACE (city or town) Don't Know	
14. BIRTHPLACE (city or town) Don't I now	Name of operation Oate of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Man garet	23. If daath was due to external causes (VIOLENCE) fill In also tha following:
15. MAIOEN NAME Man garet  16. BIRTHPLACE (city or town)  (State or counity)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Chas Gross	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Polace Hall Mausolum Data May 21, 1933	Manner of Injury
19. UNDERTAKER G. S. Butler	Nature of injury 24. Was disease or injury in any way related to ogcupation of degreesed?
(Address) Cambuland ma	If so, specify (Signed)  M. D.
20. FIXED May 20, 1933 Spanney William Registrar.	(Address) Clinic Tan full 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR

MARGIN RESERVED

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a elerk.

cample I	i i	Example II  The principal cause of death and related causes Date of importance were as follows:	
th and related causes	Date of onset		
AND A STATE	1915	Attack of epilepsy	1 week ago
The second secon	1921	Run over by street car	1 week ago
Y 1. (1) (1)	July 5,1927	Peritonitis	3 days ago
of importance:		Other contributory eauses of importance:	
	May 1.1923	Gastroenteritis	1 year
	th and related causes	th and related causes  Date of onset  1915  1921  July 5,1927  of importance:	th and related causes  Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July5,1927  Peritonitis  Other contributory eauses of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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OF MARYLAND-CERTIFICATE OF DEATH state PHYSICIANS should Registration Dist. No. item Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) Every Length of residence in city or to statement where death occurred How long in U.S. if of foreign hirth? RECORD. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACI 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 193 CTL (Month (Year) classified HUSBAND of RTIFY. That I ettended doceased from × 田 6. DATE OF BIRTH (month, day, end yeer) certificate. properly 7. AGE Years Days If LESS than to have occurred on the dete stated above, at 8 stated 1 day ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance . min. Date of onset 8. Trade. rofession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ he jo back may Industry or business in which plnods work was done, es SILK MILL SAW MILL, BANK, etc .... 10. Date deceased last worked at on 11. Total time (years) this occupation (month and spant in this that year) \_\_\_\_\_ occupation \_\_ instructions UNFADING 12. BIRTHPLACE (city or to (State or country) supplied. plain terms, FATHER See (State or country carefully Whet test confirmed diegnosis? \_\_\_ Was there an autopsy?\_\_\_\_. OTHER very important, 15. MAIDEN NAME 23. If death was due to external ceuses (VIOL ENCE) fill in also the following: = Accident, suicide, or homicide? Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT pluods (Address) OF Manner of Injury TION is CAUSE mation Nature of Injury 24. Was disease or injury in any 19. UNOERTAKER (Address) If so, specify (Signed) 20. FILED / COL Registrar. (Address) \_\_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BIND

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
p. 9-4"			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 04728
1. PLACE OF DEATH	A A A A A A A A A A A A A A A A A A A
County allegasuf	Registration Dist. No.
Village Dr City Leconleerland	No. 6 18 12 12 12 12 St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	s ds. How long in U.S. if of foreign birth?
2. FULL NAME Stillboam Hick	le
(a) Residence: No. 6/8 7. Mechani	St.) Ward.  If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLDR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVOKED (revite the word)	21. DATE OF DEATH 193 (Mog/h) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. THEREBY CERTIFY. That I attended deceased from 19 82
6. DATE OF BIRTH (month, day, and year) May 19, 1933	I last saw h need to any fine the said
7. AGE Years Months Days If LESS than 1 day, hrs. or or min.	to have occurred on line date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	abortion
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and year) corupation	
12, BIRTHPLACE (city or town) Lumberland	Other Contributory Causes of importence:
(State or country)	
13. NAME C'harles Hiefle	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis Physical exam Was there an autopsy? Ro
# 15. MAIDEN NAMESCALA Meller Hickle	23. If death was due to external causes (VIDLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) August Mo Va.	Accident, suicide, or homicide? Date of Injury, 19
∑ (Stete or country)	Where did Injury occur?
17. INFORMANT Readof Triefele (Address) Personal Prod	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Cillegary Park Date 5 - 19 - 1933	Nature of injury
19. UNDERTAKER allegange topotal	24. Was disease or injury in any wey related to occupation of deceased?
20. FK Blay 19., 19.3 3 Harry Men. Registrar.	(Signed) Cumberland M. (Address) Cumberland M. (
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	- 11
Gallstones	Moy 1,1923	Gastroenteritis	1 year
	,		

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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1/ 1/	Registration Dist. No.  No. 16 M. Lee St. Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Stillers of Stoffma  (a) Residence: No. 16 N. Lee St	St., / Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  May  (Month)  (Bay)  (Year)
Sa. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Way 7 1 29 29 33  7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	I last saw h alive on, 19; death is said to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oate clonest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)    13. NAME   Sruch   Itoffman  14. BIRTHPLACE (city or town) (State or country)  (State or country)	Name of operation
15. MAIDEN NAME Irene May Flaninger  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address) 16 M. See Attach	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
18 BURIAL, CREMATION, OR REMOVAL Place Oate 77, 19.3.3	Title of mjery
19. UNOERTAKER Bruce Halle Ind (Address)  20. FILEO May 2, 1933 Halue H May Registrar.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  Address  Address  M. O  (Address)  Address  Address  Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAproperly classified. TION is very important. See instructions on back of certificate. B.-WRITE PLAINUT, WITH UNFADING INK-THIS AGE should be pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. ż

MARGIN RESERVED FOR BIND

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 04730
County allegamy WITHIN CORP	ORATE LIMITS  Registration Dist. No.
Village or City Culbuland	No. 100 Jude pendence St., 3 Ward of death occurred in a horpital or justitution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. Hmo	s. /3 ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Cally Sauline	Howall
(a) Residence: No. 100 Lifely sendence (Usual place of abode)	St.,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (porte the word)	21. DATE OF DEATH  Nay  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced	
HUSBANO of (or) WIFE of	22. 1 HEREBY CERTIFY, Thet I attended deceased from
10 1423	i last saw h. e. I alive on May 31, 1933; death is said
6. DATE OF BIRTH (month, day, and year) hun. 18, 1933 7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 11.50 p.m.
2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Oate ol onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	July 2/300 35
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked at this occupation (month and	ingo: 172
10. Date decessed last worked at this occupation (month and yeer) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Cumber land, Incl. (State or country)	Other Coutributory Causes of importance;
The state of the s	
14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Mana Date of
	What test confirmed diagnosis? X - 17 Aug Was there an autopsy? ko
II. MAIOEN NAME alice & Finble	23. If death wes due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) (State of Country)	Accident, sulcide, or homicIde?
(State of County)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT AND ON A THOMPSON	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oldfapel Co. Oate June 1 , 1953	
19. UNOERTAKER Noge - Stangard (Address)	24. Was disease or injury in any way related to occupation of deceased? 170
20. Steerel-1-, 19.3.3 Harry A Dan Registrar.	(Signed) Arthur t. Joues M. D. (Address) 40 K. Kiberty 31.
	2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4.4000000000000000000000000000000000000	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA	IN
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A	V4/31
PLACE OF DEATH  County Cley aug	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City AMO (No	St.: Ward)  (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 20, 1983
6 DATE OF BIRTH  May  (Nonth) (Day) (Ye)	That I lest saw hamalive on May / 9 1933
7 AGE II LESS	than and that death occured on the date stated above, et
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
(State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  M  12 Country  13 Country  14 Country  15 Country  16 Country  17 Country  18 Country  19 Country  10 NAME OF FATHER  11 Country  12 Country  13 Country  14 Country  15 Country  16 Country  17 Country  18 Countr	(Signed). (Duretion) yis mos de (Signed). (Signed). (Address) M. D. (Signed). (Address) M. D. (Signed). (Signed). (Address) Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death
(Informant) (Address) MI Savage Mid	Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR STANDON MARIAN STANDON ST
Filed of 20 19233 A Contitude Registra  If more blanks are needed, address State Registra	atrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) Swinner. (b) Cotton mill; (a) Salesman. (b) Grocery; sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed report specifically the occupations of Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation (b) Automobile factory. The material persons

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar proumonia, Bronchopneumonia ("Pneumonia,");

> and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Heart Iallure, "Shock," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. "Uracmia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; inges, perdonaeum, etc., Carcinoma, Sarcomu, etc., of . . . . . . (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing (secondary or intercurrent) affection need American Medical Association.) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature cough; Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—O	O X O O	2
	Registration Dist. No.  No. MEMORIAL HOSPITAL St. 6-2 death occurred in a hospital or institution, give its NAME instead of street and number	ber)
Length of residence in city or town where death occurred		
(a) Residence: No.507 S, Main St., Keyser (Usual place of abode) W. V.		le
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX MALE  4. COLOR OR RACE WHITE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED	21. DATE OF DEATH  May 9, (Month) (Day)  (Day)	3 <u>3</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clinica Chermic Holh	722. 5   HEREBY CERTIFY, That I attended dece	eased from
6. DATE OF BIRTH (month, day, and year) FEBRUARY 9, 1860	I last saw h 444 alive on 5- 8- 1933; de	eath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6:55AM	
1 day bu	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
73 3 0 1 0 1 day,nrs. ormin.	were as follows:	ate of onset
8. Trade, profession, or perticular	<b>A</b> .	
kind of work done, as SPINNER, RETIRED	Drabetes Mellitus	
9 Industry or business in which	To the state of th	
work was done, es SILK MILL, Farmer	Orterio selevano de	
10. Date deceased last worked et this occupation (month and 1918 spant in this year)	Orterio Selevosio R	unun
12. BIRTHPLACE (city or town) Seretell 29 (State or country)	Other Coutributory Causes of importance:	do do do do do do do de do do
13. NAME alfred Iser	of frostite	
4 14. BIRTHPLACE (city of town) WEST VIRGINIA (State or country)	Name of operation Date of What test confirmed diagnosis? PRA Et and Was there an au'op	nev? The
15. MAIDEN NAME Senderson	23. If death was due to external causes (VIOLENCE) fill in also the following:	,
16. BIRTHPLACE (city or town) WEST VIRGINIA (State or country)	Accident, suicide, or homicide? Date of Injury	., 19
17. INFORMANT Plasealm See	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	,
18. BURIAL, CREMATION, OF REMOVAL Place Supply 1. 24 Date May 11, 1933	Menner of injury	
19. UNDERTAKER ON Markenson & Son	24. Was disease or injury in any way related to occupation of deceased?	10
20. FILE May 9 , 1993 Ranney & Deis	(Signed) Address (Address)	D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

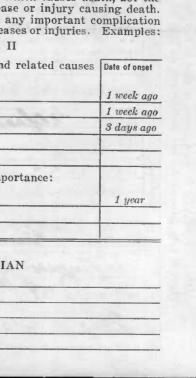
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
			A
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH WITHIN CORP	W4103
County alleger	Registration Dist, No.
Village or City Cealer life	No. 4 Dake St.6 - of Ward
Langth of racidings in officer town where death assured	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
Length of residence in city or town where death occurredyrs,mos	. as. now long in 0.5. It of loreign bifth?yrsmos as.
2. FULL NAME WILL JOSEM / Wiser	
(a) Residence: No. (Usual place of abode)	St. 6 - 7 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTII (month, day, and year) Way 29-33	I last saw b alive on, 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, all'100 m.
1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of one ot
SAWYER, BOOKKEEPER, etc.	asplyfial
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	gu protegol
10. Oate deceased last worked at 11. Total time (years)	Malin and
this occupation (month and spant in this occupation occupation	cart influe quel
12. BtrTHPLACE (city or town) Candled	Other Contributory Causes of Importance:
(State or country)	
13. NAME Lundy & River	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Many Market 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city er town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CAUCAC (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Place Place Dete May 20, 19 2	Nature of Injury
19. UNDERTAKER AMA Wolford	24. Was disease or Injury in any way releted to occupation of deceesed?
20. FILE Mary 30, 1993 Harvey IV Dune	(Signed) Colony S. M.D. M.D.
Registrar.  If more blanks are needed, address State Registrar.	(Address) A Charles Street Religious Population (2) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RITERIO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Been item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of OCCUPA-Exact statement properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be N. B.

FOR BINDI

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	TECHTE OF DEATH
County allgoney.	Registration Dist. No.
Village or City Do estern hot	No. St., Ward
CIF CHAPTE LIMITE (IF	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	1
2. FULL NAME Jones Orlandor	Aline
(a) Residence: No. 4 ) (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of lenny Whene	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH month, day, and year	I last saw h alive on surey 12 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
67 10 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows:  Date of onset
o. Hade, profession, of particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Moreovate Chance ?
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Date decaased last worked at this occupation (month and yaar) 14-26 occupation 40	
1 12/2 + 1 +	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Certain activation. 1920
	more of other
13. NAME Richard Wire  14. BIRTHPLACE (city or town). Leetour.	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Level Was there an autopsy?
15. MAIDEN NAME Sarah Howard.	23. If death was dua to external causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)  (Stata or country)  (Stata or country)	Accident, suicide, or homicide?
17. INFORMANT Janz & Jack & Kline	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) of estimated the	••••••
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Liloz Centry Date Non 14 , 1933	Nature of injury
19. UNDERTAKER 19-5. 3 221	24. Was disease or injury In any way related to occupation of deceased?
(Address) Boston W.A.	if so, specify
20. FILED May 3, 1933 (Startutaber Registrar.	(Signed) Nowat W. 1000 M.D.  (Address) Produced, W.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance: (Gastroenteritis	1 year	

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

A 1/1	
County Allegann.	Registration Dist. No.
Village or City Corrigonsville	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME MANY 6. Kroll	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Homele 4. COLOR OK RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write His word)	21. DATE OF DEATH (1933)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. Chi.HEREBY CERTIEY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) alm 1852	I last faw her alive on Drawy 6 , 1993 ; death is sale
7. AGE Years Months Days If LESS Man 1 day, hrs.	to have occurred on the date stated above at
9 Trade profession or particular	were as follows: Oate of onest
SAWYER, BOOKKEEPER, etc.	myogastily of least I
work was done, as SILK MILL, SAW MILL, BANK, etc	Jugaran pour
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation.	<b></b>
12. BIRTHPLACE (city or town) Fronthy Ond.	Other Contributory Causes of importance:
13. NAME Dearmon Kroll.	
13. NAME Hamp Troll.  14. BIRTHPLACE (city or town) Stranger.	Name of operation Date of What test confirmed diagnosis Cleanes Confirmed Management of the Confirmed Management o
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Oate of injury, 19 Where did injury occur?
17. INFORMANT Jacof Mintheins (Address) Amini mill	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
9 : tti v 8/1 .)	Nature of Injury  24. Was disease or injury in any way related to occupation of deceased?
19. UNOERTAKER AMO SULTA AMO (Addiess)	24. was disease or injury in any way related to occupation or deceased?
20, FILED May 9, 1933 Harry For Merce	(Signed) / //////////////////////////////////

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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BIND

FOR

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and relation of importance were as follows:	ted causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Y Peritonitis	3 days ago
Other contributory causes of importa	mce: May 1,1928	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BIND

FOR

RESERVED

MARGIN

DEATH plnods OF CAUSE mation

STATE OF MARYLAND-CERTIFICATE OF DEATH WITHIN CORPORATE LIMITS ( 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital of institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in W. S. if of foreign birth? 2. FULL NAME St.. (a) Residence: No. Ward. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEAT OR DIVORCED (write the word) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22 CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE If LESS than Years Months Davs to heve occurred on the date stated above, at A 1 day, ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of enset 8. Trade, protession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc ... back 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupetion \_\_\_\_ instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) Whet test confirmed diagnosis? Was there an autopsy? Was there and autopsy? HER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: important MOT Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_, 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 12.1933 \_Date(O Nature of injury. LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 20, FILED/ac/ 12, 19 Registrar. (Address) \_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and relate of importance were as follows:	ed causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
ЗПРЭЗ	U V S			
Other contributory causes of important	ce:	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, addross State Registrar, 16 W. Safatoga St., Balto., Requesting V. S. No. 1.

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MARGIN

# REVISED ERTIFICATE OF DEATH UNITED STATES STANCARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from taborer, Farm laborer, Laborer—Coan mena, taborer, Farm laborer, Laborer Coan mena, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (rcor given up on account of the DISEASE CAUSING DEATH. worked on may form part of the second statement. Never return 'Laborer," "Forcman," "Manager," "Deal-Spinner, (b) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of Foreman, For many occupations a single word or term on Cotton mill; (a) Salesman. (b) Grocery; (b) Automobile factory. The material persons en-

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Etamples: Cerebrospinal to time and causation), using always the same accept-Lobar EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis-Typhoid fever (never report "Typhoid Pneumonia"); (the only definite synonym is "Lpidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e. g., sepsis, taunus) may be stated under the head of "contributory". diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstited unless important. Example: Measles (disease (Recommendations on statement of cause of death and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Exhaustion," carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY by Committee on Nomenclature "Heart failure," Chronic valvular heart disease, affection need not be etc. The "Haemorrhage, contributory

duta is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

permanently filed.

BUREA

04739

X	I. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-			
•	REC	<u>-</u>	Exac			3.
VDING	MANGNI	ACTLY	lassified.		The second second second	[V] 5a
OR BIN	S A PER	ated EN	operly c	tificate.		7.
MARGIN RESERVED FOR BINDING	INK-THIS IS	E should be sta	it it may be pr	TION is very important. See instructions on back of certificate.		3. MOLHER FATHER 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
N RJ	DING	AG.	so tha	ctions		1:
MARGI	H UNFAI	r supplied.	in terms,	See instru	)	FATHER
1	VLY, WIT	e carefully	ATH in pla	nportant.		MOTHER
•	TE PLAIN	d bluods n	E OF DE.	is very in	Contraction of the Contraction o	1
S. No.	3 P	mation	CAUS	TION	The second secon	1
8/2	1					2

1	County A		WIT	HIN CORPO	RATE LIMITS (131) Registration Dist. No.
				(If	L HOSPITAL  death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2		RICHARD			
				AVE., CU	MBBIRLAND WARD.  If nonresident give city or town and State
-	PERSONA	L AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. S M A	ALE 4	WHITE	5. SINGLE, MAR OR PIVORCE	RIED, WIDOWED.	21. DATE OF DEATH NAY 2, 1933 (Month) (Day) (Year)
5a.	If married, widowed, HUSBAND of (or) WIFE of	or divorced  LAURA MATH	EWS		22. Ohil 24 1033 10 May 2 1033
6 1	ATE OF BIRTH (mo	onth day and year) D	ECEMBER	29,1866	I last saw h im alive on may 1 19.33; death is said
7. A		Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the data steted abova, et 4:30 A. M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
ATION	SAWYER, B	on, or particular k done, as SPINNER, OOKKEEPER, etc siness In which	RETIRI	ED	Miema Valenochon 193,
OCCUPATION	SAW MILL,	BANK, etc	spa	tima (years) int in this	Chronie nephritis. Duration, one year.
12.	BIRTHPLACE (city of (State or country)		LAND		Other Coutributory Causes of importance:
ER	13. NAME G]	EORGE LEVI	CK		
FATH	14. BIRTHPLACE (c				Nama of operation Data of Data of What test confirmed diagnosis? Agrical spawas there an autopsy? Two
HER	15. MAIDEN NAME	JERMINA	HOLBERT		23. If death was due to external causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) MARYLAND (State or country)			LAND		Accidant, suicide, or homicida?
17.	informant_CUI (Address)	BERLAND, M MEMORIAL H	D OSPITAL		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATIO Place ROS	N, OR REMOVAL • Hill	Date May	.4.1933	Menner of injury
19.	UNDERTAKER (Address)	John.C.W Cumber	olford land. M	d	24. Wes diseasa or injury in any way related to occupation of deceasad?
20.	FILED Pay	3 1933	Parney	Meesas. Registrar.	(Signed) Cumbelland, And M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterițis	1 year
		*	

	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH WITHIN COR	PORATE LIMITE (B)
County Allegany	Registration Dist. No.
Village or City Curry Stand	ND. 923 Ward Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U. S. if of foreign birth?yrsmosds,
2. FULL NAME Herry May	
(a) Residence: No. 973 Virginia ar	7 St. 6 - Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE While 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  May  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(Or) WIFE OF margaset Friller many	22. I HEREBY CERTIFY, That I attended deceased from 1932, to May 14 1933
6. DATE OF BIRTH (month, day, and year)	I last saw h cin alive on may 1 190 3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 3 Pm.
83 6 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Blackhamth	aren com
SAWYER, BOOKKEEPER, etc.	May 13
9: Industry or business in which work was done, as SILK MILL, Returned.  SAW MILL, BANK, etc.	1933
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and / 9 ) year) occupation 60 years	
0	Other Cautributory Causea of importance:
12. BIRTHPLACE (city or town)  (State or country)	Chrunis Port Il. Driver
E 13. NAME HM. Sman.	Drawing Hant Dean
14, BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
IS. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ( D. May	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CRIMATION, OR REMOVAND	Manner of injury
19. UNDERTAKER Lossio Stein Inc	24. Was disease or injury in any way related to occupation of deceased?
(Address) Comberland	If so, specify A
20. FILED Lay 15, 1933 Planney Pica. Registrar.	(Signed) Like The M. D. (Address) Like Transferred Fred
The state of the s	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	URTHER	STATEMENTS	BY	PHYSICIAN
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RESERVED

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Arteriosclerosis   .   M. R. 1933	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BURFAU V	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDI

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04742
1. PLACE OF DEATH	(186-0)
County allegany WITHIN CORPO	Registration Dist. No.
Village or City. Chimberland (If	No. Ole gang Office Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	2 ds. How long In U.S. if of foreign birth?yrsmos ds.
m. m.	
(a) Residence: No. Residence: No. (Usual place of abode)	a. St., Ward. Meigensdale Pa.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (corrice the word)	may 13, 1933
5a. If married, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	may 14 - ,1983, to may 15, 1983
6. DATE OF BIRTH (month, day, and year) Tokel 30, 1869	Hast saw her alive on may 14 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6140 a.m.
I day, hrs.	The PRINCIPAL CAUSE OF DEATIf and related causes of importance
	Tractured base 7 skul Date of one of
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Fractured clavical
9 findustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
I 13. NAME Odward lo Muray	
13. NAME Garand Mo Murray  14. BIRTHPLACE (city or town)	Name of operation Place Date of
(State of country)	What test confirmed diagnosis? Climical Wes there en eutopsy? No
15. MAIDEN NAME Pridget maloney	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicida accident Data of injury may 131983
State or country)	Where did injury occur? meyers Lale Ja,
m. 160	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) mieraddle Tenna	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury accelertally fell Lown steps
Place Myoradale Ga Date May 12, 1933	Nature of injury
(B) (20: 10 08 3	24. Was disease or injury in any way related to occupation of deceasad?
19. UNDERTAKER (Address)  Muchandale  (Address)	If so, specify
m 1 m m	(Signed) W. G. Gracie - M. D.
20. FILED May 15th, 1933 Marvey OV Leux	(Signed) Address Of Alpha A Man D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH  County  Village or City  Village or City  County  (If death occurred in a horpital or infitiution, give its NAME instead of street and number	3
Village or City (englished), at No. Allegany No. 10.	
Village or City (englished), at No. Allegany No. 10.	
(If death occurred in a horpital or institution, give its NAME instead of street and number	Ward
the transfer of the transfer o	
	ds.
2. FULL NAME  (a) Residence: No. 347 Declford St., Ward.  (Usual place of bode)  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH	
(a) Residence: No. St., Ward. (Usual place of Moode)  (Usual place of Moode)  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Tourse White Warried (Month) (Day) (Y	3 (ear)
5a. If married, widowed, or divorced  HUSDAND of (or) WIFE of (or) WIF	
M 5	h is said
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than I day, hrs. or min.  B. Trada, profession, or particular  B. Trada, profession, or particular  Date	
7. AGE Years Months Days If LESS than I day,	ofonset
8. Trada, profassion, or particular kind of work done, as SPINNER, Solverseuile multiple abecause of	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Parties of Advanced Walls	
💆 🚊 🖸 10 Date deceased last worked at 11. Total time (years)	
Other Contributory Causes of importance:	
2 T 12. BIRTHPLACE (city or town) Thanks and the second than the second to the second	
Occupation  Other Contributory Causes of importanca:	
	100
Name of operation Anamas of Date of 1/26 (State by country)  What lest confirmed diagnosis?	132.
What test confirmed diagnosis? Manal Was there an autopsy 23. If death was due to external causes (VIOI FNCF) fill in also the following:	1 100
S. Il death was use to external dades (* FOE Lifet) in in also the following.	0
Accident, suicide, or homicide? Date of injury	7
(Address) 347 Be alord St. Cumberland Ly.  (Burlat, Cremation, or Remoxa)  (Manner of Injury.	
Place Jose Trul Course Date May 12, 1933 Nature of injury	
Place Jene Jell Course Date May 12, 1933 Nature of injury  19. UNDERTAKER Across Stein Across St	
20, FILED Mars 11, 1923 Harries Holand (Signed) GIT Way of the	χ_M. D.
Registrar. (Addrass)	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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18. BURIAL, CREMATION,

(Address)

20, FILED/104 20

19. UNDERTAKER

1. PLACE OF DEATH  County Aligany WITHIN COR  Village or City Constant	CERTIFICATE OF DEATH  PORATE LIMITS  Registration Dist. No.  No.  No.  No.  St., Ward death occurred in a horpital or institution, given a NAME in rest and number)  ds. How long in U.S. if of foreign birth?  St., Ward.  St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 68 DWORCE! (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH  May  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of Company Compan	22. I HEREBY CERTIFY. That I attended deceased from May 17, 1933, to May 18, 1923.  I last saw har alive on May 18, 1933; death is said to have occurred on the date stated above, at 40 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  4 Ducy  Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  (State or country)	Chairing Might Diana 5 years Costaro Selevisos  Name of operation.  Date of
15. MAIDEN NAME Clet patri Doherty  16. BIRTHPLACE (clty or town) (State or country)  17. INFORMANT (Address)  18. MAIDEN NAME Clet patri Doherty  Raley  (Address)	What test confirmed diagnosis? Was there an autopsy?   23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury , 19   Where did Injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of injury

If so, specify (Signed)

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	2	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiol nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND ERTIFICATE OF DEATH 1. PLACE OF DEATH 1000 JO should Registration Dist. No. County. Ward 10 (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred. ds. How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_ statement CORD. Ward. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 3.8EX 4. COLOR OR RACE DIVORCED (ewrite the word) (Month) (Day) classified 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY, That i attended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) certificate. properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above, a stated 1 day .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. Oate of enset 8. Trede, profession, or particular PATION kind of work done, as SPINNER, JO SAWYER, BOOKKEEPER, etc ..... may back Industry or business in which should work wes done, es SILK MILL, occur SAW MILL, BANK, etc .... 11. Total time (yeers) 10. Date deceased lest worked at this occupation (month and spent in this that occupation .... Other Contributory Causes of importance 80 12. BIRTHPLACE (city or town) (State or country) supplied terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) Wes there en eutopsy?\_) What test confirmed diagnosis?\_\_\_ efully MOTHER 15. MAIDEN NAME. 23, If death was due to externel causes (VIOL ENCE) fill in also the following: in Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnou 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury SE WRIT Nature of injury. 24. Was diseese or injury in any wey related to occupation of deceesed?.... 19. UNDERTAKER (Address) If so, specify B (Signed)\_\_ 20, FILED/ Wac/ 5 1933 Registrar. (Address) .... If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH should Registration Dist. No. County\_\_ Village pr City (If death occurred in a hospital or institution, give in NAME instead of street and number) ds. How long in U.S. H of foreign birth? vrs. PHYSICIANS Length of residence in city or lown where death occurred mos. mos. statement 2. FULL NAME RECORD. (a) Residence: Np. If nonresident give city or town and State (Usual place of ahode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 5. SINGLE MARRIED, WINOWED, OR DIVORCED (write word) 4. COLOR OR RACE (Month (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of REBY CERTIFY. That I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate properly to have occurred on the date stated above, at \_\_? If LESS than 7. AGE Years Months Days 1 day, .... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ... mio. Date of onset 8. Trade, profession, or particular OCCUPATION be kind of work done, as SPINNER. Jo SAWYER, BDOKKEEPER, etc.... back may 9. Industry or business In which should work was done, as SILK MILL SAW MILL, BANK, etc ... on 10. Dato deceased last worked at 11, Total time (years) this occupation (month and spent In this year) \_\_\_\_\_ occupation . . instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State er country) supplied. terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? carefully .... Was there an autopsy?\_\_\_\_ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, sulcide, or homicide?\_\_\_\_\_\_\_ Date el injury\_\_\_\_\_\_\_19\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? \_\_\_. be (Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. very 17. INFORMANT pluods (Address) OF 18. BURIAL, CREMATION, #R REMOVAL Manner of injury SE mation Nature of injury. LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20, FILED Lan Registrar. (Address) 122 If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting W. S. No. 1.

BIND

MARGIN RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
P- 0			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAINE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH (14747
1. PLACE OF DEATH	RPORATE LIMITS 87-6
County Allegany.	Registration Dist. No.
Village or City Comberland.	No. 453 Section Mark Mark Mark Mark Mark Mark Mark Mark
Length of residence in city or town where deeth occurredyrs,mos	
2. FULL NAME I homas Histers	elle. O. O O
(a) Residence: No.	St., Ward Mck Square A. O.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonreddent give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May IV 193 (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Space Roberts Pulle.	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h was alive on head of the have occurred on the date steted above, at The m.
8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occumple of month and	Hemorrhagic Encapalities apriles
10. Date deceased lest worked et this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME Thomas C Pelle.  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME AND STATE  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT AND THE Peelle (Address)  18. MAIDEN NAME AND STATE (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Such Samuel Coate Day 30, 19.33	Manner of injury
19. UNDERTAKER Armo Stem Inc. :	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Day 23, 1933 Soarmy & Dans	(Signed) (Melvache M. D. (Address) Curberland M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own homesin answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
		GEALDOSN .			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.-WRITE

U	4	1	4	0
*	*	-		

1. PLACE OF DE	ATH			- 60	Hodges
County	Allegany		City Lin	Registration Dist. No.	4. 2
	Cumberl	and. Mo		Rout 2. city	Wd
Village or City			(1)	NoS f death occurred in a hospital or institution, give its NAME instead of street	et and number)
Length of residence i				ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME	Sarah.A	.Perdew	ī		
(a) Residence: No	Rout	2.City		St., Ward.	
(a) Residence. No		(Usual place		If nonresident give city or tov	vn and State
PERSONAL	AND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEA	ТН
3. SEX 4. CO	White	5. SINGLE, MAI	RRIED, WIDOWED,	21. DATE OF DEATH May . 24.193	, 193(Year)
5a. If married, widowed or HUSBAND of TOI	divorced nas. Perd	ew		22. I HEREBY CERTIFY, That I att	
(,				may 21 133 to (May 2	4 ,1933
6. DATE OF BIRTH (month	, day, and year)	Aug.1	1.1850	I last saw h alive on May 24	death is sald
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 10.45. Pm	
82	9	14	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of annut
8. Trede, profession, o	or particular one, es SPINNER,			Lobas pneumonia	7500
SAWYER, BOOK	KEEPER, etc	• •	•		
kind of work de SAWYER, BOOK SAWYER, BOOK Work was done, SAW MILL, BAN 10. Dato deceased last	as SILK MILL,				
SAW MILL, BAN		11. Total	time (veers)	-	
this occupation (	(month and		time (yeers) ent in this supation		
			Pa	Other Contributes Causes of importance.	1931
12. BIRTHPLACE (city or to (State or country)	wn)		<u> </u>	Carrier States	7.701
1	eo.Funk.				
Ξ.		D.o.		Mone	
14. BIRTHPLACE (city of		Pa		Phasical elam	te of
	Dont 1	Know		0	ere an autopsy?
I 15. MAIDEN NAME	50110	111011		23. If death wes due to external causes (VIOLENCE) fill in also the fo	
15. MAIDEN NAME  16. BIRTHPLACE (city of Charles of County)		• •		Accident, suicide, or homicide? Date of injury_	
(State of County	ra. King.			Where did injury occur? (Specify city or town, county a	nd State)
(Address umbe	erland. Mo	d Rout.	2	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBI	LIC PLACE.
18. BURIAL, CREMATION, C	R REMOVAL Plesant	Date May	.27.1933	Manner of Injury	
	John .C .Wo	lford		24. Was disease or injury In any way releted to occupation of decease	ad? Ard
19. UNDERTAKER	Vumberla			If so, specify	DW:
Mr. al	33/9/4	2 4 4 4 4 4	Am.	(Signed) WR Hodger	. M D
20. FILED / 25	, 19	Lug	Registrar,	(Address) Cumberland	prot.
Y .					

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1	Example-II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH plnods County Allegany item of Registration Dist. No. Village or City Cumb er land (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred vrs. mos. ds. How long in U.S. if of foreign birth? vrs. mos. 2. FULL NAME Stillborn Popp If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) May 9. White unknown (Month) (Year) 5a. If merried, widowed, or divorced HUSBAND of FX. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) May 9. 1933 certificate. If LESS than stated 1 day, \_ O \_\_ hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or \_\_\_ Q\_min. 8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION Stillborn 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_\_ back may plnods Premature 10 Date deceased last worked at this occupation (month and No 11. Total time (years) on spant in this Crone that AGE instructions Cumb erland 12. BIRTHPLACE (city or town). (State or country) Md. supplied. plain terms. William M. Popp FATHER 13. NAME **Brostburg** See 14. BIRTHPLACE (city or town) Md. (State or country) carefully V. Duckworth Violet MOTHER very important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Wes ternpar t Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? should be (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE 17. INFORMANT OF Manner of injury CAUSE mation LION Nature of Injury 24. Wes disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify. (Signed) Registrari

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II			
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 4, 1687	Heritonitis	3 days ago		
		A DI			
		EA			
Other contributory causes of importance:	王	Other contributory causes of importance:			
Gallstones	May 1,1923	Garmoenteritis	1 year		
		m			
	1 "				

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BIND

FOR

MARGIN RESERVED

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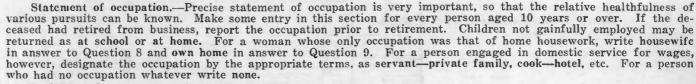
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Example I		Example II  The principal cause of death and related causes Date of on of importance were as follows:		
The principal cause of death and related causes of importance were as follows:	Date of onset			
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
- T V 3.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plant terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. T RECORD. Every item of infor-N. B.-WRITE PLAINLE, WITH UNFADING INK-THIS IS A PERMAN FOR BINDIN MARGIN RESERVED V. S. No. 1

SIAIL	OF MARYLAND—	CERTIFICATE OF DEATH	A 10. br 4 h
1. PLACE OF DEATH		J30)	4750
County /	any	Registration Dist. No.	12
Village or City	deand	No. St.	Ward
Length of rasidence in city or town when		f death occurred in a hospital or institution, give its NAME instead of street	and number)
Length of fasigence in city of Lown where	death occurred vis mos	ds. How long in U.S. if of foreign birth?yrs	mosds
2. FULL NAME	Mey forth	Movemen	- 37
(a) Residence: No.	Alfan A Ma	St., Ward.	1.0
PERSONAL AND STATIS		If nonresident give city or town MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE	5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Manual Ollit	OR DIVORCED ( price the word)	may 25	. 1933
5a. If marriad, widowed, or divorced	Onila	(Month) (Day)	(Yaar)
HUSBAND of (or) WIFE of	10:00	22. I HEREBY CENTIFY. That I attan	ded deceased from
	mun.	may 2 3 dd , 1933 , 10 may 2 J	, 19.3 3
6. DATE OF BIRTH (month, day, and year)	June 21 1932	I last say han aliva on may 2 4 7, 193	3_; daath is seid
7. AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the date stated above (12.1.2m.	
_   //	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER.	0	7	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 Umil	Coul Plesedynlins	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.	and the second	7.66	0/23/3
O 10. Date dacaasad last worked at	11. Total time (years)	repuires	3/23/0
this occupation (month and year)	spent in this coccupation		
12. BIRTHPLACE (city or town)	weland &	Other Contributory Causes of Importance:	
(State or country)	and a		
II 13. NAME John J	Virtettein		
13. NAME  14. BIRTHPLAGE (city or town)		Name of operation Date	of
(State of country)	Mayland	What tast confirmed diagnosis? Was there	
15. MAIDEN NAME Putts  16. BIRTHPLACE (city or town)	Strauss	23. If daath was due to external causes (VIOLENCE) fill in also the follo	
16. BIRTHPLACE (city or town)	2 1	Accident, suicide, or homicide? Date of Injury	, 19
∑ (State or country)	anyland	Whara did injury occur?	
17, INFORMANT	dolpertsine	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	PLACE.
(Address) Phis	deand and		******
18. BURIAL, CREMATION, OR REMOVAL	t may 12 22	Mannar of injury	
Place Welfung un	Clipata Muy & 1, 19.2	Nature of Injury	
19. UNDERTAKER Day Comolo	houlf an	24. Was disease or injury In any way related to occupation of deceased	?
(Address) (from	reoning the	if so, spacify	
20. FILED may 276,19 33	Ky Shipa	(Signed) M. J. Coruman	
0	Registrar,	(Address) malaud mo	
If mor	e blanks are needed address State Registrar	24TT N Charles Street Relimore Property W1 S No.	



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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

PHYSICIANS should state tact statement of OCCUPA. item of infor-Exact statement stated EXACTLY. properly classified. ITH UNFADING INK-THIS IS A PERMAN MARGIN RESERVED FOR BINDI See instructions on back of certificate. Un plain terms, so that it may be AGE should be ully supplied. -WRITE PLAIN CAUSE OF DE mation should

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF	DEATH Allegan	TINE	HIN OORPOI	TATE LI	MITS 79-20		04	751
	County		land. Md			Allogony	Registration Dist. N Hospital	0	<i>T.</i> -,
	Village or Ci	ty	Lanu. Mu	/1/	No		tion, give its NAME instead	St.,	- Ward
	Length of resid	ence in city or town when	re deeth occurred				f foreign birIh?y:		
•		Anth.	ur.T.Rob						
Z	. FULL NAM	/IE							
	(a) Residence	e: No. Patte:	(Usual place	of abode)	St.,	Ward.	If nonresident give city	or town an	d State
Lawrence	PERSON	AL AND STATIS	TICAL PARTI	CULARS		MEDICAL CI	ERTIFICATE OF	DEATH	
3. S	Male	4. COLOR OR RACE	5. SINGLE, MAR OR DLYORCE	RIED, WIDOWED,	21. DAT	E OF DEATH	May 12.1	.933	. 193
F 0	If married widows	d or diversed	1 10				(Month) (D	ey)	(Yeer)
Je.	If married, widowe HUSBAND of (or) WIFE of	Lula. Ro	bison.		22. May		CERTIFY, The		d deceesed from
e 1	ATE OF BIRTH (	month, day, and year)	Jan.26	1912			May 12,		3 : deeth is sale
7. A			Days	If LESS than			d above, at 1 . 30 . A		
	21.	3	16	1 day,hrs.	The PRINC	IPAL CAUSE OF DEAT	'H end related causes of im		
		8. Trade, profession, or particular				llows: rehro Sni	nal Meningi	tis	Dete of onset
S	kind of w	ork done, as SPINNER, BDDKKEEPER, etc.	Lal	oor		neumococci			5/11/
AT	9. Industry or b	usiness in which					TTT		
OCCUPATION		done, as SILK MILL, , BANK, etc							
8	10. Date decease this occup	d lest worked at ation (month and	11. Total t	ime (yeers) nt In this			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		**
_	year)		( occ	upation	Dther Con	ributory Couses of impo	rtance:		
12.	BIRTHPLACE (cit	y or town)		Wva					
-	(State or coun				-				
ER I	13. NAME	S.M.Robi	son.						
FATHER	14. BIRTHPLACE	(city or town)	Wya		Name of o	peration Spins	al puncture	S Date of.	
F	(State or	country)			What test	onfirmed diagnosis?	Laberatory	Was there an	autopsy?
HER	15. MAIDEN NAM	ME Bertl	ha.Taylor	?	23. If death	wes due to external cau	ises (VIOLENCE) fill in elso	the followle	ng:
MOTH	16. BIRTHPLACE	(city or town)		Wva	Accident, s	uicide, or homicide?	Date of	njury	, 19
Σ	(State or	country)			Where did	injury occur?			
17.	INFDRMANT	S.W.Robi Patters	son. ons. Cree	k.Wva	Specify wh	ether injury occurred in	(Specify city or town, c INDUSTRY, In HOME, or	ounty and St in PUBLIC P	ate) LACE.
18.	BURIAL CREMATI	on, DR REMDVAL	va Date May	7.14.1933	Manner of				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
19.	UNDERTAKER	John.C.	Wolford rland: Mo	ł		ease or injury in any w	ay related to occupation of	deceased?	No
20.	12	13,19330	Harry	Messar. Registrar.	(Signo	(IA. V	W. Sur	7 de	M. !

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis A Line 21	1A ' 3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	. 1		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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should state T RECORD. Every item of infor-Exact statement of OCCUPA. PHYSICIANS stated EXACTLY. properly classified. IS A PERMAN on back of certificate. WITH UNFADING INK-THIS MARGIN RESERVED B.—WRINE PLAINLE, WITH UNFADING INK—THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be V. S. No. 1

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FOR BINDIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH  County Allegany WITHIN CORPOR	92-0	
	No. 601 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
hall O Rel	ds. How long in U.S. If of foreIgn birth?yrsmosds.	
(a) Residence: No. 6012. Centre.	St., Ward.  If nonresident give city or town and State	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (**Drift the word)	21. DATE OF DEATH  May 14  (Month) (Day) (Year)	
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, Thet I ettended decessed from	
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Deys  If LESS than  1 day,	to have occurred on the date stated above, et 11.15 _m.  The PRINCIPAL CAUSE OF DEATH end releted causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc	avried Fibrillation  Ouriently Fibrillation  Bruken Campusation	
12. BIRTHPLACE (city or town)	Other Coatributory Causes of importence:	
(State or country)  (I) 13. NAME Anathria		
HE 13. NAME AND ROMAN AND	Neme of operation Wew Dete of Dete of What test confirmed diagnosis? Thypural awarders an autopsy? WD	
15. MAIDEN NAME 121/hme Mescharh 16. BIRTHPLACE (city or town) (State or country)	23. If deeth was due to externel causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?	
18. BURIAL, CREMATION OR REMOVAL  Place Full Control of the Contro	Menner of Injury	
19. UNDERTAKER Lomo Stein Inc. (Addiess)	Nature of injury  24. Wes disease or injury in any wey related to occupation of deceased?  If so, specify	
20. FILED Day 16, 1939 Nasury Registrar.	(Signed) The Market M. M. I.  (Address) 127 Rufferst 8	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V H			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الـــــا		

MARGIN RESERVED FOR BINDIN

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	TOATE LIVE TO
County allegany.	Registration Dist. No.
Village or City Construction (III	No. /// St., S Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 30_yrsmos	
2. FULL NAME Potrick Poma	n)
(a) Residence: No. 111 Palls	St., 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH  5. (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY, That I attended deceased from
(or) wire of	3.24. 1933, 10 5.27. 1983
6. DATE OF BIRTH (month, day, and year) + 17 1857 7. AGE Years Months Days If LESS than 1 day,	I last saw h ———————————————————————————————————
76 3 10 or	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carein of tru-
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12. BIRTHPLACE (city or town) Bloomington	Other Contributory Canses of Importance:
(Stata or country), Ind.	lohranic Myleartets.
13. NAME TOWN  14. BIRTHPLACE (city or town) County Clare (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? No
15. MAIDEN NAME Bridget Inc maken	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME / Sudget Inc Inahon	Accident, suicide, or homicide?Date of injury19
E (State or country) Indiana.	Where did injury occur?
17, INFORMANT Katherine Roman.  (Address) Grandeline.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place History for house Bray 30, 19 33	Manner of Injury
19. UNDERTAKER Anno Stern Ind.	24. Was disease of injury in any way related to occupation of deceased?
20. FILED May 2 2 1933 Charvey N Wess	(Signed) Aug - Milliam SM

Registrar.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		8083	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BIND

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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		GENED	
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Gallstones	May 1,1923	Gastroenteritis	1 year

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	CTRTIFICATI				
		15			

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	3
County Allegany	Registration Dist. No.
Village or City Sittle Orleans	ND. St., Wa
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME	li hos
(a) Residence: Np.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the control of the con	
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased fr
(or) WIFE of	May 6 1933 to May 8 1933
6. DATE OF BIRTH (month, day, and year) May 8, 193	3   I last saw h alive on 19 ; death is s
7. AGE Years Months Days If LESS	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.	Aring of
	sulf rom
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Spont in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Rangtand	
13. NAME Eugene P. Sipes	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stete or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Edua M. Whitfee	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Edua M. Whitfus  16. BIRTHPLACE (city or town) - Harry Land	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17, INFDRMANT Cuglica . Ripes	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL)	Manner of Injury
Place Mul Jague Mally Date / 1004 9,	Nature of injury
19. UNDERTAKER PARTY 2 Pollottool	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Attle Cream,	If so, specify
20. FILEBORM 8 , 1938e / S//pin	(Signed) Lead Watson
The Regi	trar. (Address) / Hancell Mel

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			1	

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH should Registration Dist. No Village or City or institution, give its NAME instead of street and number) (If death occurred in a ho Every PHYSICIANS Length of residence in city or town where reath occurre How long in U.S. if of foreign birth? statement RECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIVORCED (write the word) CTL (Month) (Day (Yaar) assified PERMANE 5a. If married, widowed, or divorced HUSBAND of 22. C TIFY, That I attended deceesed from (or) WIFE of BIND 9 6. DATE OF BIRTH (month, day, end year) certificate. properl 7. AGE Years Months If LESS than Oays the date stated above, at FOR 1 dev. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 01. min. were as follows: Date of onsat 8. Trede, profession, or particular NO kind of work done, as SPINNET RESERVED SAWYER, BOOKKEEPER, etc. CUPAT plnods may back Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (yaars) spent in this this occupation (month and that occupation year) \_\_\_\_ instructions UNFADING MARGIN 12. BfRTHPLACE (city or town) (State or pointcy supplied. terms. FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) efully What test confirmed diagnosis? Was there an autopsy?..... MOTHER 15. MAIDEN NAME important 23. If death was due to extarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury .... 16. BIRTHPLACE (city or town) DEATH (State or country) Whera did Injury occur? .... (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMAN should (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injus WRITE. CAUSE mation . Date MOIL Nature of injury 24. Was disease or Injury 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED Mars 28. 193: Registrar. (Address)

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Gallstones	May 1,1923	Gastroenteritis	1 year

(Address)

20. FILEO Mary 5 , 1933

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 04758
County allegany. WITHIN CORP	ORATE LIMITS Registration Dist No.
Village or City Confusions.	No. CXO Canal - Ran B. Blet., 15 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city of town where death occurred yrs	ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. C. Caral Rear Blue Box (Usual place of abode)	St., 3 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED,  OR DIVORCED (write the word)  5a. If marriad, widowed, or divorced	21. DATE OF DEATH  (Day)  (Year)
HUSBAND of (or) WIFE of Bent F. Sander.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is seld
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at /
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	argunia Others
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10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Millstone (State or country)	Other Coutributory Causes of Importance:
13. NAME See Cashy  14. BIRTHPLACE (city or town)  (State or country)	
(State of Country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME	23. If death was dua to axternal causas (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of injury, 19,  Where did injury occur?
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10 HADEDTAKED Lowis Sternal 9mg/	24. Was disease or injury in any way related to occupation of deceased?

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V			
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Gallstones	May 1,1923	Gastroenteritis	1 year

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No.
vi

3. SE 5a. If	Village or City  Length of residence In cit  FULL NAME  (a) Residence: No.  PERSONAL AN  X  4. COLOR		(Usualplace	yrsmos		St,stitution, give its NAME instead of street an	
3. SE 5a. If	FULL NAME  (a) Residence: No.  PERSONAL AN	D STATIST	(Usualplace	yrsmos	homas		
3. SE 5a. If	(a) Residence: No PERSONAL AN	D STATIST	ICAL PART	Z c of abode)			
5a, 1f	PERSONAL AN	D STATIST	ICAL PART	of abode)			
5a, 1f			ICAL PART	of abode)			
5a. If				ICIII ADC	MEDICAL	If nonresident give city or town a	
		1-1		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATI	1	, 193. (Y
	f married, widowed, or divo HUSBANO of (or) WIFE of	ced	1		22. JHEREI		
	(01) WILE 01	7	10	.022	5/6	,19 8 3 , to 5/6	, 1
6. DA	ATE OF BIRTH (month, day GE Years	, end year) Months	Days Days	If LESS than I dey,hrs. ormin.	to have occurred on the date s The PRINCIPAL CAUSE OF D were as follows:	stated above, at	); deet
OCCUPATION	8. Trade, profession, or pakind of work done, SAWYER, BOOKKEE 9. Industry or business in work was done, as SAW MILL, BANK, 8 10. Date deceased lest wor this occupation (mory year)	PER, etc which ILK MILL, tcked et	SD:	time (yeers) ent In this supation	Apmtai	rens alortem	
12. B	BIRTHPLACE (city or town). (State or country)	natur	ral h	nd	Other Contributory Causes of	importance:	
	13. NAME CAN	res J	homa	0			
エー	14. BIRTHPLACE (city or to	wn) m	anylou	2	•	Dete of	
HER	15. MAIDEN NAME	Jora V	Villet	to		? Was there a  I causes (VIOLENCE) fill in also the follow	
MOT	16. BIRTHPLACE (city or to (State or country)	un) Mi	mas	<i>.</i>	Accident, suicide, or homicide Where did Injury occur?	? Date of Injury	otate)
	(Address) na	inial	me				
18. B	BURIAL, CREMATION, OR R		Date		Manner of Injury		
19. U	UNDERTAKER(Address)			0 - 0		ny way related to occupetion of deceased?	

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	BUREAU				
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1. PLACE OF DEATH	CERTIFICATE OF DEATH 04760
(1) 1 - 2 - 21	Delitation Dia Harry
County acting and	Registration Dist. No.
Village or City Of Atthing	No. Hackey water upon of street and number
Length of residence in city or town where death occurred	ds How long in U. S. if of foreign birth? yrs. mos.
2. FULL NAME Still buth	1. N CORPORATE LIMITE OF
11'47 . 11-11 (11-1	ummono
(a) Residence: No. Auckans - Watts (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	m ay /2 1933
5a. If married, widowed, or divorced	(Montli) (Day) (Year
HUSBAND of Cong of	22. I HEREBY CERTIFY, That I attended deceased I
3,900	19 p Dof 19 , 19
6. DATE OF BIRTH (month, day, and year) May 12 1933	I last saw h alive out ( Vutt, 19; death is
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
Still birth or min.	has as follows:
8. Trade, profession, or particular	Date of o
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	100/21
Industry or business in which work was done, as SILK MILL,	Hill root
SAW MILL, BANK, etc.	. / /
- Spantin this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country) mg	
13. NAME Slouge W / Tummons  14. BIRTHPLACE (city or town) M + Sargge	
14. BIRTHPLACE (city or town) MIT Sarge	Name of operation Date of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Cida M Glingerich	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Sandanlle (State or country)	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Glorge W of Turming	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Frostburg mf	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date 193	Nature of injury
19 UNDERTAKER LLO, Vimmons (Faltur)	24. Was disease or injury in any way related to occupation of deceased?
(Address) Trostling	If so, specify.
5/13 33 a. R. Stalker	(Signed) WAM ( Lane )
20. FILED 19-30 CONTENT Registrar.	(Address) Frosthurs ml

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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or- rte A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1476	1
infor- state UPA-	1. PLACE OF DEATH	93.0	
onld of	County albegans	Registration Dist. No.	
item of should of OCC	TMIN Village or City Thesternhort Mrd.	No	Ward
, N		death occurred in a hospital or institution, give its NAME instead of street and number	
CORD. Every PHYSICIANS ct statement	2. FULL NAME Tettie Umstat)		
31. E	(a) Residence: No. 110 Walnut	TSL. Ward.	
_ 6 +	(Usual place of abode)	If nonresident give city or town and State	
RECC Pr Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
_ E X	13. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May (Day) (193 (Month) (Day)	3 Year)
NDING SMANEN X A C T I classified.	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Hught Unstat	22. I HEREBY CERTIFY, That I ettended decease  Gue 15 1931 to may 1	ed from
lead to	6. DATE OF BIRTH (month, day, and year) apr. 14, 1875	Hast sawher alive on april 3et 1939; deat	h is said
	7. AGE Yeers Months Days If LESS than	to have occurred on the dete stated above, at 2: 15c.m.	
FOR IS A I stated properlicertifica	58 0 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:	ofonset
HIS be be of of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Deter december of month and the second in this occupation (month and the second in t	Appertensive arteroselusis \$1.	5/31
ERV] K—T hould t may	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
S.E. Shart	10. Deter deceesed last worked at this occupation (month) and		
REKAGE IAGE that	yeer) occupation To you	Other Contributes Comments in contributes	
	12. BIRTHPLACE (city or town) Caspell.	Other Contributory Causes of importance:	
MARGIN UNFADI supplied. n terms, se	(State or country) West Vinginia	myocollis he	2-52
ARGI UNFA upplied terms,	13. NAME Jacat. Reed.		
M. H. U. Suljin t	13. NAME acof. Reed.	Name of operation Date of	
E > 0	(State of country)	What test confirmed diagnosis?	1?
WIT efull in pl	15. MAIDEN NAME  16. BIRTHPLACE (city or town) Seyper, West Vinginia	23. If deeth was due to external causes (VIDLENCE) fill in elso the following:	
car Car	5 16. BIRTHPLACE (city or town) Seyper, West Vinginia	Accident, suicide, or homicide? Dete of injury, 1	9
AINLY, id be cal	(Stete or country)	Where did injury occur? (Specify city or town, county and State)	
Y P G A	17. INFORMANT (Address) Autobard and and and and and and and and and an	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
13 to 0	18. BURIAL, CREMATION, OR REMOVAL AND S	Menner of injury	
	Plecetingularila A. Ta Dete May 3 , 1933	Neture of injury	
WRIT mation CAUSE	19. UNDERTAKER And S. Saal (Address)	24. Was diseese or injury in eny wey releted to occupetion of deceesed?	
N. S. N. B.	20. FILED Mai 2., 19 33 Offer Registrar.	(Signed) PEBerry (Address) Piedmon X (W), Va	M. D.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
189		P.	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroentcritis	1 year

for-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
E 2 5	1. PLACE OF DEATH	(100 C) (100 C
ould Occo	County alle any	Registration Dist. No.
马上	Village or City Thoulting	No. St., War
= 0	(If Length of residence In city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
Every CIANS ement	01/41 9	Cololo
3D. Every YSICIANS statement	2. FULL NAME GOOD & OULS	
CORD. Every PHYSICIANS oct statement	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
RECORD PHYS	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECC. PI	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
L X	male white OR DIVORCED (write the word)	(Month) (Day) (Yeer)
NDING SMANEZ X A C T I classified	5a. If married, widowed, or divorced HUSBAND of	O LUEDERY CERTIES THAT I WAS A STATE OF THE
TAN A C assi	(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
	6. DATE OF BIRTH (month, day, and yeer) Of 25, 1933	I last saw h alive on Trang + 9, 1923; death is sal
T T E	7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, and The .m.
FOR IS A stated proper ertific	/ 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 70	8 Trade profession or perticular	Well as fullows.
ED HIS be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	mad within you
RESERVED G INK—THIS GE should be that it may be ons on back of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  D. Date deceased last worked at this occupation (month end	7000
INK-INK-sho	10. Date deceased last worked at 11. Total time (years)	
RES VG IN AGE that	this occupation (month and spent in this occupation occupation	
Z 4 - 3	12. BIRTHPLACE (city or town) Zarutt Co	Other Contributory Causes of importance:
A. S.	(State or country)	
MARGIN RE UNFADING supplied. AGE n terms, so tha	13. NAME Trank Halah	
o tad	13. NAME FAIR PROLECT (city or town).	Name of operation
•= 10	(State of Country)	What test confirmed dlegnosis? The Lange Was there an autopsy?
carefully CH in pla	15. MAIDEN NAME aume Burtock	23. If death was due to external causes (VIOLENCE) fix in also the following:
PLAINLY, WI nould be careful OF DEATH in p	[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
AINLY, d be car DEATH y import	(State er country)	Where did injury occur? (Specify city or town, county and State)
AI DE	17. INFORMANT Unch Dundock	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
E PLA should OF D. S very	(Address) (1.7. A. + ralling  18. BURIAL, CREMATION, OR REMOVAL	
	Place Johnsons Cen Oate Thay & 19 33	Manner of Injury
-WRITE mation s CAUSE TION is	Quela Bread - la (Veral)	
CA TI	19. UNDERTAKER (Address) / PGT. D. Trosthing	24. Was disease or injury in any way related to occupation of deceased?
S. N.	56 000-11:	(Signed) Q. P. Nacken M.
s z	20. FILEO 50, 1953 UT. Franker.	(Address) Frostling & L
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
26 American			
Other contributory causes of importance:		Other contributory causes of importance:	12
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE 1	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PLAINDY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDI

V. S. No. 1

County Co	STATE OF MARYLAND—	CERTIFICATE OF DEATH 04763
Village or City.  Length of rasidence in city or town where death occurred. 3. yrs. mos. 6. New long in U.S. If of foreign birth?  2. FULL NAME  (a) Residence: No.  (Usum placed ebods)  PERSONAL AND STATISTICAL PARTICULARS  S. SIK Ward.  3. SEX  4. COLOR OR RACE  5. SIK ORGE, MARRED, Willow D.  (Usum placed ebods)  It nomeraident give eity or town and State  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  22. DATE OF DEATH  23. SEX  ACOLOR OR RACE  5. SIK ORGE, MARRED, WINDOWED.  (Only ORGED (wine, Me world)  5. LI Marriad, widowed, or divolcad HUSBAND or (Viral)  133 C.  AGE  7. AGE		(102)
Length of rasidence in city or fown where death occurred 3 yrs. mos. ds. Now long in U.S. If of foreign births: yrs. mos. ds. ds. Now long in U.S. If of foreign births: yrs. mos. ds. Mard. II nearesident give cay or town, and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  a COLOR OR RACE  5. SINCLE MARRED, WIDOWED  55. If marriad, widowed, or divorteed HUSANIO or Month. 19.3 3. doesn't be said to country in the city of the country of the city of the ci	County Clagany	Registration Dist. No.
Length of residence in city or fown where death occurred 3 yrs. mos. ds. de. How long in U.S. Hot foreign births: yrs. mos. ds. ds. de. How long in U.S. Hot foreign births: yrs. mos. ds. ds. de. How long in U.S. Hot foreign births: yrs. mos. ds. ds. de. How long in U.S. Hot foreign births: yrs. mos. ds. ds. de. Hot long in U.S. Hot foreign births: yrs. mos. ds. ds. de. Hot long in U.S. Hot foreign births: yrs. mos. ds. ds. de. Hot long in U.S. Hot foreign births: yrs. mos. ds. ds. de. Hot long in U.S. Hot foreign births: yrs. mos. ds. ds. de. Hot long in U.S. Hot foreign births: yrs. mos. ds. ds. de. Hot long in U.S. Hot foreign births: yrs. mos. ds. ds. de. Hot long in U.S. Hot foreign births: yrs. mos. ds. ds. de. Hot long in U.S. Hot foreign births: yrs. mos. ds. ds. de. Hot long in U.S. Hot foreign births: yrs. mos. ds. ds. de. Hot long in U.S. Hot foreign births: yrs. mos. ds. ds. hot long in U.S. Hot foreign births: yrs. mos. ds. hot long in U.S. Hot foreign births: yrs. hot long in U.S. Hot foreign births: yrs. mos. ds. hot long in U.S. Hot foreign birth	Village or City Aug Ty ountain	No. St. Ward
2. FULL NAME  (a) Residence: No. Cural placed abode St. Ward.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARKHED, WIDOWED.  OR BUYOKED Curric, the world  St. II Marriad, widowed, or divorted  (Gr) THE C  TAGE  **COLOR OR RACE  S. SINGLE, MARKHED, WIDOWED.  OR BUYOKED Curric, the world  St. II Marriad, widowed, or divorted  (Gr) THE C  TAGE  **COLOR OR RACE  S. SINGLE, MARKHED, WIDOWED.  OR BUYOKED Curric, the world  OR BUYOKED Curric, the world  St. II Marriad, widowed, or divorted  (Gr) THE C  TAGE  **COLOR OR RACE  S. SINGLE, MARKHED, WIDOWED.  OR BUYOKED Curric, the world  OR BUYOKED Curric, the world  OR BUYOKED Curric, the world  TO BUYOKED Curric, t	(11	
(a) Residence: No. Claus placed ebods  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED Conic Man words  5. DATE OF BIRTH (month), day, and year)  6. DATE OF BIRTH (month), day, and year)  7. AGE  7.	Length of rasidence in city or town where death occurred	ds. How long in U.S. It of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE S. SINCLE MARRED, WIDOWED. OR DIVORCED (write the word)  58. If married, widowed, or divorced HUSBAND OR OR DIVORCED (write the word)  58. If married, widowed, or divorced HUSBAND OR OR OR RACE J. DATE OF DEATH  22. LI BATE OF DEATH  23. LI FER EBY CERTIFY. That I elliphode discossed from the date steine deboy at 10 pm. 1933 death is said to heve occurred on the date steine deboy at 10 pm. 1933 death is said to heve occurred on the date steine deboy at 10 pm. 1933 death is said to heve occurred on the date steine deboy at 10 pm. 1933 death is said to heve occurred on the date steine deboy at 10 pm. 1933 death is said to heve occurred on the date steine deboy at 10 pm. 1933 death is said to heve occurred on the date steine deboy at 10 pm. 1933 death is said to heve occurred on the date steine deboy at 10 pm. 1933 death is said to heve as follows:  8. Tread, grotessian, or particular work was done, as SILK MILL, 1933 death is said 1934 by 1933 death is said 1934 by 1933 death is said 1934 by 1934 by 1933 death is said 1934 by	2. FULL NAME Joseph Edward ?	Varuela
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE OR DIVORED Comits (the word)  5. II marriad, widowed, or divorced (or) Wife of  6. OATE OF BIRTH (month, day, and year)  7. AGE Pars  8. Trada, protession, or particular kind of work done, as SPINNER, Or min.  27		
3. SEX 4. COLOR OR RACE 5. SINCLE MARKED, WIDOWED OR DIVORCED (write, the word)  5. If married, widowed, or divorced HUSBAND (Front William)  6. OATE OF BIRTH (month, day, and year)  7. AGE 7		
The PRINCEAL CAUSE OF DEATH and related causes of importance where as follows:  BIRTHPLACE (city or town)  BIRTHPLACE (city or town)  Cistato or country)  17. INFORMANT  CAddress)  18. BIRTHPLACE (city or town)  Cistato or country)  19. UNDERTAKER  PRINCE (City or town)  Cistato or country)  19. UNDERTAKER  PRINCE (City or town)  Cistato or country)  19. UNDERTAKER  PRINCE (City or town)  Cistato or country)  19. UNDERTAKER  PRINCE (City or town)  Cistato or country)  19. UNDERTAKER  CAddress)  19. UNDERTAKER  CAddress)  19. UNDERTAKER  PRINCE (City or town)  Country  Coun		
3. If IT I BIRTHPLACE (city or town)  (State or country)  1. Intromant  (State or country)  (State or country)  (State or country)  1. Intromant  (State or country)  (Sta		21. DATE OF DEATH
3. If marriage, widowed, or divorced this profession, or particular the profession that the profession the particular the prof	male white Single	(Month) (Oay) (Yeal)
S. OATE OF BIRTH (month, day, and year)  North Days  If LESS than I day, hrs. or min.  8. Treda, profession, or particular kind of work done as SPINNER. SAWYER, BOOKEPER et c.  10. Date decassad last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city ar town)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  19. 3. 3. WARL  19. 4. Was disease ar injury in eny wey related to occupation of deceased?  19. UNDERTAKER  (Address)  19. 3. WARL  19. 3. WARL  (Signed)  19. 3. WARL  19. 3. WARL  19. 3. WARL  19. 3. WARL  19. WARL  19. 3. WARL  19. 4. Was disease ar injury in eny wey related to occupation of deceased?  19. WARL  19. 4. Was disease ar injury in eny wey related to occupation of deceased?  19. WARL  19. 4. Was disease ar injury in eny wey related to occupation of deceased?  19. WARL  19. WARL  19. 4. Was disease ar injury in eny wey related to occupation of deceased?  19. WARL  19. WARL  19. WARL  19. 4. Was disease ar injury in eny wey related to occupation of deceased?  19. WARL  19. WARL  19. WARL  19. 4. Was disease ar injury in eny wey re	HUSBAND of	-
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	-	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merehants and wholesale merehants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEAT RECORD. Every item of intw. MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	14754
1. PLACE OF DEATH	WITHIN CORP	ORATE LIMITS (3)	./
County Allegany		Registration Dist. No.	
Village or City Constantes	1		t., 5 Ward
Length of residence in city or town where death		f death occurred in a hospital or institution, give its NAME instead of streetsds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Anny X	Stago.		(Int. ) /08
(a) Residence: No. 226 lm	in	St., 3 Ward.	
	Usual place of abode)	If nonresident give city or tov	
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEA	1.11
	NGLE, MARRIED, WIDOWED,	21. DATE OF DEATH May (2) (Month) (Day)	, 193.3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Lego.	22. I HEREBY CERTIFY, That I att	anded deceased from
En .	10 1853	I last saw h alive on many 12	3 ð : death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days   If LESS than	to have occurred on the date stated above, at 3 = 2 m,	
80 0	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanc were as follows:	e Date of onset
8. Trada, prolession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	nounife	arenes Cornea	1 Mes
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	2 Home	>	
1D. Data decaased last worked at this occupation (month and year)	11. Total tima (years) spent in this occupation	20	
12. BIRTHPLACE (city or town) 12. State or country)	ting Bask	Other Contributory Causes of importance:	3 4
13. NAME Concluse of 14. BIRTHPLACE (city or town)	ailen		
14. BIRTHPLACE (city or town)	1 00	Name of operation Da	te of
(State of country)	and	What test confirmed diagnosis? Was the	era an autopsy?
15. MAIDEN NAME Anny In	cortney	23. If daath was due to external causes (VIOLENCE) fill in also the fo	ollowing:
15. MAIDEN NAME Sharp Sh	elm	Accident, sulcide, or homicide? Data of injury_ Where did injury occur?	
17. INFORMANT frank g.	Mays	(Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or In PUB	and State) LIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL Place	e may 15, 193	Manner of injury	
19. UNDERTAKER Amis Ster	W Bre	24. Was disease or injury In any way related to occupation of deceas	ed?
20. FILED 201/ 13, 1933 Alas	vee Registrar.	(Signed) (Address) Current of med	М. С

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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RUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	West His
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA inf 1. PLACE OF DEATH should Registration Dist. No. County\_ Village or City Jo (If death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_\_\_\_\_yrs.\_\_\_\_mos.. Length of residence in city or town where death occurred. mos. \_\_\_\_ds. statement PHYSICIAN 2. FULL NAME RECORD. (a) Residence: If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) May CTL (Month) classified. 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 19 33 to may 20.1933 9 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years If LESS than Months Days I day. Ja hrs. The PRINCIPAL CAUSE OF or .... min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. RESERVED 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ plnods may 10. Date deceased last worked at 11. Total time (yeers) spent in this this occupation (month and that year) \_\_\_\_\_ occupation ... instructions MARGIN 80 12. BIRTHPLACE (city or town) (State or country) terms, HER 13. NAME FAT Name of operation. 14. BIRTHPLACE (city or town) in plain (State or country) carefully What test confirmed diegnosis? Was there an autopsy? HER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: mportant MOT Accident, suicide, or homicide? ..... Date of Injury ..... H 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?\_ DEA should-be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE 17. INFORMANT very (Address) OF 18. BURIAL, CRÉMATION, OR REMOVAL Manner of Injury -WRITE CAUSE nation Nature of Injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED/121/22 19 Registrar. (Address)

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In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	STACE	run	LOIGITIEN	SIMILMINI	The P	THIDIOIMI

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 04756
1. PLACE OF DEATH	PORATE LIMITS 3
County allegany	Registration Dist. No.
Village or City Tours Verland Md	No. Memorial No puts 16-1 Ward
Length of residence in city or town where death occurredyrsmg	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?
2. FULL NAME Itallharm whit	
(a) Residence: No. 20°4 Greene	St., / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Temale White OR DIVORCED (write the word)	May 20, 193 <sup>3</sup> (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 20, 1933	I last saw h alive on
7. AGE Years   Months   Days   If LESS than	to heve occurred on the date stated above, et
stillbarn 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	
SAWYER, BOOKKEEPER, etc	still form
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	31/2 mm
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Carl white	
14. BIRTHPLACE (city or town) Coumberland (State or country)	Name of operation Date of
All ary war	What test confirmed diagnosis? Wes there en eulopsy?
15. MAIDEN NAME Ethel Dickey	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) The meritand	Accident, suicide, or homicide? Date of injury, 19
M Country margant	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT / US Carlf While (Address) 204 Lreige St	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURNAL, CREMATION, OR REMOVAL Coremation	Manner of Injury
Place Memorial Norfital Date May 20, 1933	Nature of Injury
19. UNDERTAKER Messigera & Horizola	24. Was disease or Injury In any way related to occupation of deceased?
(Address) (susperland, ma	If so, specify
20. FILED May 20, 1933 Mareey TV Mers. Registrar.	(Signed) M. D. (Address) M. D.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURFAU V.			- ago ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BIND

MARGIN RESERVED

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. T RECORD. Every item of infor CAUSE OF DEATH in plain terms, so that it may be properly classified. WITH UNFADING INK-THIS IS A PERMAN FOR BINDI TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. N. B.—WRITE PLAIN

V. S. No. 1

			OF MAR	YLAND-	CERTIFICATE OF DEATH . Koor	758
1	OF DEAT		WI	THIN OORPO	CHATE LIMITS (3)	./
Village Length of	or City	ty or town where	and. Md	(f	Registration Dist. No.  No. Allegany Hospital St., 4  f death occurred in a hospital or institution, give its NAME instead of street and nus.  ds. How long in U.S. if of foreign birth? yrs. mos	Wardumber)
			tone . M	d.	St., Ward.  ff nonresident give city or town and S	Slate
PERS	ONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male Male		r or race ite		RIED, WIDOWED.	21. DATE OF DEATH May.18tn.1955 (Month) (Day)	193(Year)
5a. If marriad, w HUSBAND (or) WIFE (	of	M	111son. [ay.19.1	8 <del>4</del> 3	22. Mch g 1923 to may 18	ecaased from
7. AGE	Years 9 90	Months	Days 29	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 4 • 50 • Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
9. Industry work SAW 10. Data da this	/YER, BOOKKEE or business in k was dona, as S / MILL, BANK, e ceased last wor occupation (mon	which ILK MILL, etcked at	11. Total t	ima (years) nt in this upation	Unemic Guna	7 Day
(Stata or	country)		M	a	Othar Contributory Causes of importance: (Mucicia Monghels Decision)	3ye-
13. NAME	Elisha	.Willis	on.			
	LACE (city or to te or country)		Ma		Nama of operation Date of What test confirmed diagnosis? Was there an au	
∑ (Stat	LACE (city or too ta or country)	wn)	Williso	Md	23. If death was due to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicide?	, 19
17. INFORMANT (Address 18. BURIAL, CRE	MATION, OR R	Cumberl	and. Md		Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLAC	Æ.
				.21.1953	Nature of injury	
19. UNDERTAKEI (Address 20. FILED	:)		Tand. M	d Mllersi Recident	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)	M. C

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
· · · · · · · · · · · · · · · · · · ·			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MA	RYLAND-CE	RTIFICATE	OF	DEATH
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	unty	ALLEGA				No. MEMORIAL HOSPITAL St.6	-/ Ward
VIII	lage or City_	CUMBERI	AND			death occurred in a hospital or institution, give its NAME instead of street and no	umber)
Len	igth of residenc	e In city or town when	re death o	ccurred	yrsmos.	ds. How long in U.S. if of foreign birth?yrsmos	sds
2. FU	LL NAME	Lugh	an	7.1	Lesso	w/	
(a)	Residence:	No. 464	BAL	TIMOR (Usual place		St., Ward.  If nonresident give city or town and S	State
PF	FRSONAL	AND STATIS				MEDICAL CERTIFICATE OF DEATH	
B. SEX		COLOR OR RACE WHITE	1 5. S	NGLE, MAR	RIED, WIDOWED, O (write the word) LE	21. DATE OF DEATH  May 25,  (Month) (Day)	193.3 (Year)
a. If marr	ried, widowed,	or divorced	-				
HUSE	BAND of WIFE of					22. HEREBY CERTIFY, That I attended d	
		7	//	07 7	077	Hest saw h A alive on May 25 1993	: death is sa
. DATE O	F BIRTH (mor	th, day, and year) Months	La y	23, 1 Days	933	to have occurred on the date stated above, at 8: 40A_m.	; qeath is sa
, AGE	16912	WOULDS.		2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
1 o T.	rada ninfancia	or particular	ì	4	ormin.	were as follows:	Date of one
5 0.11	kind of work	n, or particular done, as SPINNER, OKKEEPER, etc	I	NFANT			1.7.99
OCCUPATION OCCUPATION	dustry or busi	ness in which	36-36	***	4544 454		
3 80	SAW MILL, E ate deceased !	ne, as SILK MILL, BANK, etc			ime (years)		
5 8	this occupati	on (month and		SD3	nt in this		
		MAT	RYLA	ND	5 35 1	Other Contributory Causes of importance:	
	IPLACE (city or state or country	10MII)		+1+2		delivery	193
13. N	AME C	HARLES WI	[LSO	N		4.0.	7
13. N	IRTHPLACE (ci	ty or town)	MARY	LAND		Name of operation Forces delivery Date of	23-0
14.0	(State or cou	.,				What test confirmed diagnosis Lumber functions there an a	u'opsy?
15. M	AIDEN NAME	RUTH ST	CEAR	N		23. If death was due to external causes (VIOL ENCE) fill In also the following	:
15. M	IRTHPLACE (ci	tv or town)	MAR	YLAND		Accident, suicide, or homicide? Date of injury	, 19
Ž	(State or co					Where did injury occur?(Specify city or town, county and State	
17. INFOR		MEMORIAL CUMBERLAI		PITAL MD.	*****	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
18. BURIA	L, CREMATION	I, OR REMOVAL		n		Manner of injury	
PI	ase MLC	Lerman	D:	ite Ma	4 06,1933	Nature of injury	
19. UNDEI	RTAKER	John	Co	The	lfges 2	24. Was disease or injury In any way related to occupation of deceased?	no
	1		0/1		10/1/201	(Signed) W/Y Hodgely	9 4 8/

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1110 0 1939	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V S	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		May 1,1923	Other contributory causes of importance:  Gastroenteritis	
Tuttotories		May1,1925	Gastroenterius	1 year

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	PLACE OF DEATH WITHIN CORPORATE LI	and the same of	MARYLAND E OF DEATH	
C	ounty Allegeny	Registratio	n Dist. No.	
Vill	age or City Cumberland. Md (No. 702.N.	centre. St St; 2 Ward		
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH	
1	emale White Street (Write the word)	16 DATE OF DEATH Wonth)  17 HEREBY CERTIFY, That Let	(Day) , 193	
6 D	May 3.1865	that I last saw held alive on	193	
7 A	(Month) (Day) (Year)	and that death occurred on the date state.  The CAUSE OF DEATH : was as follows:		
P (I	A CCUPATION  1) Trade, profession or acticular kind of work. House Keeping  5) General nature of industry usiness, or establishment in thich employed or (employer).	Cleonic interstitut replication		
9 B	(State or country) Md	Contributory Coursed by Course	Hall sugar	
-	FATHER Jasper Leasure	Gigned) 22	heland and	
RNTS	11 BIRTHPLACE OF FATHER (State or country) Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether		
PAR	Jasephine . Rowe	Accidental, Suicidal or Homicidal.  18 MENGTH OF RESIDENCE (For Hos lents, or Recent Residents)	pitals, Institutions, Trans	
	13 BIRTHPLACE OF MOTHER (State or country) . Md	At place In the of death yes mos. da. Str	ne neyrsmosde	
14 7	(Informant) Joseph . Winebrenner	Where was disease contracted, if not at place of death?  Former or usual residence.		
15	(Address) Cumberland. Md	19 PLACE OF BURIAL OR REMOVAL	may 5-193	
و	Leaf 4 1928 Harry & Mes	John.C.Wolford	Cumberland.	
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting	V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefluite valuey), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Toreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Ceal mine, etc. Wourer," etc... worked on may form part of the second statement. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer. Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applie to each and every person, irrespective of (a) Foreman. (b) Automobile factory. cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia")." Lobar pacumonia, Broachopneumonia ("Pneumonia,")

quences (e. g., sepsis, totanus) may be stated under the can be ascertained to the cause. Always qualify all ary), 10 ds. Never report mere symmtoms or terminal conditions, such a "Asthenia," "Anaemia" (merely Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and consetrain-accident; Revalver around of head-homicide; and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septiencal ""Tunneran peritonitis," etc. diseases resulting from chedbirth or misearringe as rhage," "Inamition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn." "Heart failure." "Haemorsymptomatie), "Atrophy." "Collapse," "Coma," "Coneausing deeth), 29 ds; Bronchopneumonia stated unless incommunication Poisoned by cartal's avid-probably suicide. The na-Examples: Accidental depening; Struck by railway as probably such, if impossible to determine definitely. "Uraemia," "Wezh:: vulsions." use of "Tum .r" for malignant neoplasms); Measles; unqualified. is indefinite); Tuberculosis of lungs, men-Chronic in contitue acphritis, etc. The contributory (seemdary or interestrent) affection need Whooping coagh: of "contributory." FOR VIOLENT STATES STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvatar heart disease; (Recommendations on statete., when a definite disease Example: Measles (disease (secondnot be

If this certificate is looked over thoroughly and all questions answered in 'e all, it will prevent further correspondence. 'M' the data 's essential and must be obtained before the certificate is permanently filed.